AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS *(BAQ)*, AND/OR VARIABLE HOUSING ALLOWANCE *(VHA)*

For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.

PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters *(BAQ)* and/or variable housing allowance *(VHA)*.

ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.

1. NAME *(Last, First, MI)*

2. SOCIAL SECURITY NUMBER

3. GRADE

4. TYPE OF ACTION

☐ START ☐ CANCEL ☐ CHANGE ☐ REPORT

☐ CORRECT ☐ STOP ☐ RECERTIFICATION

5. DUTY LOCATION *(Include Station, Name, City, State, and Zip Code)*

6. DATE/ACTION *(YYYYMMDD)*

7. BAQ TYPE

☐ WITH DEPENDENTS ☐ PARTIAL

☐ WITHOUT DEPENDENTS

8. MARITAL/DEPENDENCY STATUS

☐ a. SINGLE ☐ b. MARRIED *(see blocks (1), (2) & (3))* ☐ c. DIVORCED *(see blocks (1), (2) & (3))*

☐ d. LEGALLY SEPARATED *(see blocks (1), (2) & (3))* ☐ e. DEPENDENT CHILD *(see blocks (4), (5) & (6))*

(1) Spouse/Former Spouse SSN

(2) Spouse/Former Spouse Duty Station

(3) Date of Marriage, Divorce/Separation

(4) Child in Custody of: ☐ Member ☐ Spouse ☐ Former Spouse ☐ Other

(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.

(6) If child support received from another military member, complete (1), (2) & (3).

9. QUARTERS ASSIGNMENT/AVAILABILITY

☐ a. ADEQUATE *(see block (1))* ☐ b. INADEQUATE *(see blocks (1), (2) & (4))*

☐ c. TRANSIENT *(see block (3))* ☐ d. NOT AVAILABLE

(1) QUARTERS NO. _____

(2) FAIR RENTAL VALUE $ _____

(3) FROM: _____ TO: _____

(4) ☐ MEMBER ELECTION *(Member in grade E7 and above)* ☐ COMMANDER DETERMINATION *(Attached)*

10. DEPENDENTS/SHARERS *(Continue on back if required)*

NAME OF DEPENDENT/SHARER	COMPLETE CURRENT ADDRESS *(Include ZIP Code)*	RELATIONSHIP	DOB OF CHILDREN

11. CERTIFICATION OF DEPENDENT SUPPORT

☐ I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.

☐ IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period

12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON

☐ My permanent duty station: ☐ My dependent's location: ☐ Both my permanent duty station and dependent's location.

a. Monthly Expenses:	Member	Dependent
(1) Mortgage *(PITI)* or Rent		
(2) Insurance		
(3) Other		
TOTALS		

b. Sharer/Lease Information

(1) Rental/Residential Address:

(2) Effective Date: (3) Expiration Date:

(4) Number of Sharers *(show name(s) and address in block 10.)*

c. Address Information

(1) Landlord's Name and Address:

(2) Landlord's Phone No.

I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.
IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of $10,000 or imprisonment for 5 years, or both.

13. MEMBER'S SIGNATURE	14. DATE	15. CERTIFYING OFFICER'S SIGNATURE	16. DATE