AUTHORIZATION TO START, STOP, OR CHANGE										iΕ				F	PRIVACY ACT STATEMENT								
	BASIC AL	LO'	WAN	ICE I	FOR Q	<b>UAR</b>	TER:	<b>S</b> (B	AQ),	A .   A	UTHO				37 US	SC 403; Pub	olic Lav	w 96-3	43; E0	9397			
Fo	r use of this f	orm,	see 37								RINCIP	LE PURPOSI		To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).									
1.	NAME (Last	-								R	ROUTIN	E 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,									
2.	SOCIAL SEC			IBER		3.	GR.	ADE							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.								
4.	TYPE OF AC	TION	-				1		T												BAQ and/or		
	START		CA	NCEL		CHAN	NGE		REPOR	RT					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.								
	CORRECT		ST	OP		RECE	RTIFIC	OITAC	J							,	,						
5.	DUTY LOCAT	ΓΙΟΝ	(Inclu	ude St	ation, Na	ne, Ci	ty, Sta	ite, and	d Zip	6		TE/ACTION YMMDD)	7.				BAQ	TYPE					
	Code										,,	T WIIWIDD)		WITI	H DEF	PENDENTS			PA	RTIAL			
														WITI	HOUT	DEPENDEN	ITS						
8.	ľ		T	MAF	RTIAL/DEI	PENDE	NCY S	STATU	S	1			9.	9. QUARTERS			SSIGN	IMENT	/AVAII	AILABILITY			
	a. SINGI	_E			b. MA (see bloc	ARRIEC		(3))			VORCED (see ocks (1), (2) & (3))			a.	ADEQUATE (see block (1)		<i>,</i>				ADEQUATE cks (1), (2) & (4))		
			SEPAR ks (1),		(3))			e.			Г CHILD (4), (5) & (6))			c.	TRANSIENT (see block (3))				d.	i. NOT AVAILABLE			
(1)												nte of Marriage, vorce/Separation			QUARTERS NO.				AIR RI	ENTAL \$			
(4)	Child in Custody of: Member Spouse								ormer S	pouse		Other	(3)	FROI	M:		то:						
(5)	If you check	"OTF	IFR" ah	nove	nrenare D	D Forr	n 137	to est	ahlish de	enende	ency. (4) COMMANDER									ANA ANDED			
(6)	If child suppo				•									-	4	grade E7 and DETERMINATION (attached)							
10.							DE	PENDE	NTS/SH	HARER	S (Con	tinue on bac			1)					jarra	<i>0.1.0.</i> 0,		
	NAME O	F DEF	PENDE	NT/SH	ARER		С	OMPLI	ETE CUI	RRENT	ADDRESS (Include ZIP Code) RELATIONSHIP DOB C							OF CHILDREN					
11.								CI	ERTIFIC	ATION	OF DE	PENDENT SU	JPPC	RT									
												named depe ds/nonsuppo		nts. I a	m aw	are that fai	lure to	suppo	ort the	above	named		
	IAW service affect my e						epende	ency s	tatus of	my pr	rimary (	dependents,	on v	vhose b	oehalf	I am receiv	ing B	AQ, ha	s not	change	ed so as to		
12.					T	E	EXPEN	SES, II	AUTH	ORIZE	ZED, I AM REQUESTING VHA BASED ON												
	My permane	ent d	uty sta	tion:		N	Лу dep	enden	t's locat	tion:		Both my	perr	manent	duty	station and	depen	dent's	ent's location.				
a.	Monthly Expe	enses	:		Me	ember			Depende	ent	b.	Sharer/Leas	e Inf	ormatic	on	n c.			s Infor	rmation	l		
(1)	Mortgage (P.	ITI) d	or Rent	 :							(1)	Rental/Resid	denti	al Addr	ess:	ss: (1)			rd's Na	ame an	d Address:		
(2)	2) Insurance																						
(3)	3) Other									(2)	Effective Da	te:	(3) E	xpirat	ion Date:	(2)	Landlo	rd's Ph	).				
TOTALS																							
											(4) Number of Sharers (show name(s) and address in block 10.)												
	ify ALL inform		_	-								•		of any c	hange	es in the info	ormatio	on abo	ve, du	e to div	orce,		
IMPO	age, death, liv RTANT: Maki ment in conne	ng a	false st	tateme	ent or clai	m agai	inst th	e US C	overnm	nent is	punisha	able by court	s-ma		he per	nalty for wil	lfully n	naking	a false	e claim	or a false		
13.	MEMBER'S S	IGNA	TURE						14.	DATE		15. CERTIF	YIN	G OFFIC	CER'S	SIGNATUR	E			16	S. DATE		

AUTHORIZATION TO START, STOP, OR CHANGE										E					PRIVACY ACT STATEMENT										
	BASIC AL	LO	WAN	CE I	FOR Q	JAR	TER:	<b>S</b> (B.	AQ),	Α	итноі	RITY:			37 U	SC 403; Pul	blic La	w 96-3	343; E	EO 939	97.				
Fo	O/OR VAR	orm,	see 37								PRINCIPLE PURPOSE:					To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).									
	NAME (Last									R	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									
2.	SOCIAL SECU	JRITY	Y NUM	BER		3.	GR.	ADE							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.										
4.	TYPE OF ACT	ΓΙΟΝ							1	D	ISCLO	SURE IS VO	LUN	ΓARY:	RY: Nondisclosure may result in nonpayment of BAQ and/or										
	START		CA	NCEL		CHAI	NGE		REPOR	RT					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.										
	CORRECT		STO	OP		RECE	RTIFIC	OITA	١								,		· , p · ·	,	-, ,				
	DUTY LOCAT	ΓΙΟΝ	(Inclu	ıde St	ation, Nar	ne, Ci	ty, Sta	te, and	d Zip	6		TE/ACTION	7.				BAC	TYPE							
	Coue)										(7	T IVIIVIDD)		WIT	H DEI	PENDENTS			P	ARTIA	L				
														WIT	HOUT	T DEPENDEN	NTS								
8.				MAF	RTIAL/DEF	PENDE	NCY S	TATU	S				9.	9. QUARTERS			SSIGN	MENT	/AVA	'AILABILITY					
	a. SINGL	.E			b. MARRIED (see blocks (1), (2			2) & (3))				RCED <i>(see</i> s (1), (2) & (3))		a.	ADEQUATE (see block (1		))		1		IADEQUATE ocks (1), (2) & (4))				
	_	LEGALLY SEPARATED (see blocks (1), (2) & (3))					e. DEPENDENT				CHILD (4), (5) & (6))			c.	TRANSIENT (see block (3))				d.	I. NOT AVAILABLE					
												nte of Marriage, vorce/Separation			QUARTERS NO.				FAIR F VALU	RENTA E \$					
	Child in Custody of:	Spor	ıse	Former Spous					Other	(3)	FRO	M:		то:											
/E)	If you abook !	"OTL	IED" ob		aranara D	D Form	n 107	to cot	abliab da	on on do	(4)														
	If you check				•					•						MBER ELECT de E7 and	TON		L	DE	OMMANDER TERMINATION tached)				
10.							DE	PENDE	NTS/SH	HARERS	RS (Continue on back if required)														
	NAME OF	DEF	PENDEN	NT/SH	ARER		С	OMPLI	ETE CUI	RRENT	ADDRESS (Include ZIP Code) RELATIONSHIP DO							DOI	3 OF CHILDREN						
11.								CI	-BTIFIC	ATION	I OF DEPENDENT SUPPORT														
	I certify tha	t I pi	rovide	or an	n will to r	rovide	e aden					named depe			am av	vare that fai	ilure to	ว รูนุกก	ort th	ie abov	ve named				
	dependents	may	result	in stop	pping BAC	2 and	recoup	ing BA	Q for a	ny prioi	period	ds/nonsuppo	rt.												
4.5								viily B	AU, N	7011 ez	conan	ged so as to													
12.	1										ED, I AM REQUESTING VHA BASED ON  Both my permanent duty station and dependent's location.														
	My permane			tion:			/ly dep		t's locat		1.					station and									
	Monthly Expe				Me	mber			epende	nt	b. Sharer/Lease										mation				
(1)	Mortgage (Pl	ITI) d	r Rent								(1)	Rental/Resid	denti	al Add	ress:		(1)	Landlo	andlord's Name and Addr						
(2)	2) Insurance												1												
(3)	3) Other									(2)	Effective Da	te:	(3) E	xpirat	tion Date:	(2)	Landlo	rd's P	Phone I	No.					
TOTALS																									
											(4)	Number of	Shar	ers (sh	how n	ame(s) and	addres	s in bl	ock 1	0.)					
I certify ALL information regarding this authorization is correct. I will immediately marriage, death, living in government quarters etc, which could affect by BAQ or IMPORTANT: Making a false statement or claim against the US Government is pu																									
	nent in conne																								
13.	MEMBER'S S	IGNA	TURE						14.	DATE		15. CERTIF	YIN	G OFFI	CER'S	SIGNATUR	RE				16. DATE				

AUTHORIZATION TO START, STOP, OR CHANGE										E				F	PRIVACY ACT STATEMENT									
	<b>BASIC AL</b>	LO\	WAN	ICE I	FOR Q	UAR	TER:	<b>S</b> (B	AQ),	Α	UTHO	RITY:			37 US	SC 403; Pub	olic Lav	w 96-3	43; E0	O 939	7.			
Fo	D/OR VAR	orm,	see 37								RINCIP	LE PURPOSE		To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).										
1.	NAME (Last	, Firs	t, MI)							R	ROUTIN	E 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										
2.	SOCIAL SEC	URITY	Y NUM	IBER		3.	GR	ADE							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.									
4.	TYPE OF AC	TION				_			1	D	DISCLO	SURE IS VOI	LUNT	ΓARY:	Nondi	isclosure ma	y resu	ılt in no	onpayr	ment o	of BAQ and/or			
	START		CA	NCEL		CHAI	NGE		REPOR	RT					form	will not be p	roces	sed wi	thout y	your S	However, this SN because			
	CORRECT		ST	OP		RECE	RTIFIC	OITAC	J						tile A	inity lucitime	s you	тог ра	pay purposes by your SSN.					
5.	DUTY LOCAT	ΓΙΟΝ	(Inclu	ude St	ation, Na	me, Ci	ty, Sta	ite, and	d Zip	6		TE/ACTION	7.				BAQ	TYPE						
	Code)										17	YMMDD)		WITI	H DEF	PENDENTS			PA	RTIAL	-			
														WITI	HOUT	DEPENDEN	ITS		1					
8.				MAF	RTIAL/DE	PENDE	NCY S	STATU	S				9.	9. QUARTERS			SSIGN	IMENT	/AVAII	VAILABILITY				
	a. SINGI	.E			b. MA (see bloc		(2) & (3))				RCED <i>(see</i> s (1), (2) & (3))		a.	a. ADEQUATE (see block (1		))				NADEQUATE locks (1), (2) & (4))				
			SEPAR		(3))			e.			Γ CHILD : (4), (5) & (6))			c.		ANSIENT ee block (3))				d. NOT AVAILABLE				
(1)	Spouse/Form Spouse SSN	er		(2)	Spouse/ Spouse			I	(3)		ate of Marriage, vorce/Separation			QUARTERS NO.			(		AIR RI	RENTAL UE \$				
(4)	Child in Member Spouse							Former Spous				Other	(3) FROM:				-							
											(4)													
(5) (6)	If you check				· ·								(Ме		4	IBER ELECTI de E7 and	ION			DE	MMANDER FERMINATION Pached)			
10.						-	DE	PENDE	NTS/SH	S (Con	tinue on bac	-		d)					,					
	NAME O	F DEF	PENDE	NT/SH	IARER		С	OMPL	ETE CUI	RRENT	ADDRESS (Include ZIP Code) RELATIONSHIP							DOB	OF CHILDREN					
11									DTIEIO	ATION	N OF DEPENDENT SUPPORT													
11.	Locatif ()	l .					n = J ·									oro the C	luw- 1			- al	o now			
	dependents	may	result	in sto	pping BA	Q and	recoup	ing BA	Q for a	ny prio	r period	named depe ds/nonsuppor	rt.											
	affect my e						epend	ency s	tatus of	my pr	rimary (	dependents,	on v	vhose t	behalf	I am receiv	ring BA	AQ, ha	s not	chang	ed so as to			
12.						E	EXPEN	SES, II	AUTH	ORIZED	ED, I AM REQUESTING VHA BASED ON													
	My permane	ent di	uty sta	ition:		N	My dep	enden	t's locat	tion:		Both my	pern	manent	duty	station and	dent's	ent's location.						
a.	Monthly Expe	enses	:		Me	ember		[	Depende	nt	b.	Sharer/Leas	e Inf	ormatio	on		c. /	Addres	s Infor	rmatio	n			
(1)	Mortgage (P.	ITI) c	or Rent	i							(1)	Rental/Resid	denti	al Addr	ress:		Landlo	ndlord's Name and Address:						
(2)	2) Insurance																							
(3)	3) Other									(2)	Effective Da	te:	(3) E:	xpirat	ion Date:	(2) I	Landlo	rd's Ph	none N	lo.				
TOTALS																								
											(4)	Number of	Shar	ers (sh	now na	ame(s) and a	addres	s in blo	ock 10	0.)				
	ify ALL inform		-	-								•		of any c	hange	es in the info	ormatio	on abo	ve, du	e to d	vorce,			
IMPO	RTANT: Maki	ng a t	false st	tateme	ent or clai	im aga	inst th	e US C	overnm	ent is p	Ω or VHA entitlement. s punishable by courts-martial. The penalty for willfully making a false claim or a fal onment for 5 years, or both.								n or a false					
13.	MEMBER'S S	IGNA	TURE						14.	DATE		15. CERTIF	YINO	G OFFIC	CER'S	SIGNATUR	E			1	6. DATE			