

APPLICATION FOR BASIC ALLOWANCE FOR QUARTERS FOR MEMBERS WITH DEPENDENTS

(Use only when determination of dependency must be made by USAFAC or AFAFC)

PRIVACY ACT INFORMATION

1. AUTHORITY: Pub L. 9364, E. O. 9397, 93d Congress.
2. PRINCIPAL PURPOSE(S): Adjudication of claims for Basic Allowance for Quarters (BAQ), for primary doubtful and secondary dependents.
3. ROUTINE USES: To secure documents (*DD Form 137-3, Marriage Certificates, Birth Certificates, etc.*) from the claimed dependent to determine the relationship and dependency. Documents are evaluated to determine member's entitlement to BAQ and input is made to the Master Military Pay File to authorize BAQ. The documents are retained or returned to the dependent.
4. DISCLOSURE IS VOLUNTARY: However, unless the required information is furnished, the allowance will not be paid.

SSN	NAME OF SERVICE MEMBER <i>(Last, first, middle initial)</i>	PAY GRADE
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STATION OR BASE	DATE OF ENLISTMENT OR DATE OF ENTRY ON ACTIVE DUTY <i>(Whichever is later) (YYMMDD)</i>
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1. I HEREBY CLAIM BASIC ALLOWANCE FOR QUARTERS FOR THE DEPENDENTS LISTED BELOW EFFECTIVE _____ *(Date)* (YYMMDD)

2. FROM THE DATE INDICATED ABOVE, MY DEPENDENTS ARE:

NAME OF DEPENDENT <i>(Last, first, middle initial)</i>	COMPLETE CURRENT ADDRESS	FAMILIAL RELATIONSHIP ¹	DATE OF BIRTH ² (YYMMDD)
	STREET	ZIP CODE	
	CITY STATE		
	STREET	ZIP CODE	
	CITY STATE		
	STREET	ZIP CODE	
	CITY STATE		
DATE (YYMMDD) OF PRESENT MARRIAGE	PLACE OF PRESENT MARRIAGE CITY STATE	IF ANY CHILD ABOVE HAS BEEN ADOPTED, SHOW DATE OF ADOPTION AND ADDRESS OF COURT ISSUING DECREE DATE (YYMMDD) ADDRESS OF COURT <i>(City, State, and Zip Code)</i>	

3. IF ANY CHILD(REN) NAMED ABOVE AND NOT IN LEGAL CUSTODY OF YOU OR YOUR SPOUSE, SHOW THE FOLLOWING.

NAME OF CHILD <i>(Last, first, middle initial)</i>	NAME <i>(Last, first, middle initial)</i> OF PERSON HAVING CUSTODY	Amount of your monthly contribution for support of child \$
Relationship of custodian to child	COMPLETE ADDRESS OF PERSON HAVING CUSTODY STREET	If support of child is required by court order or divorce decree, show amount required. Specify amount per month/year. \$
	CITY STATE ZIP CODE	

4. **DEPENDENCY INFORMATION**
(This section must be completed for all dependents other than lawful spouse and/or legitimate children under 21 years of age.)

NAME(S) OF DEPENDENT(S) <i>(Last, first, middle initial)</i>	Monthly amount of my contribution \$	Dependent's monthly income from other sources ³ \$	Dependent's monthly living expenses \$
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For unmarried child over 21 years of age, either physically incapacitated or mentally defective, attach a statement from a physician showing how long the child has been under his or her care and the cause and degree of incapacitation. If the child is in the custody of someone other than the member, a statement signed by the custodian showing amount of member's monthly contribution, method by which contribution is made, and actual monthly living expense of the child is also required.

5. IF DIVORCED, SHOW THE FOLLOWING:

DIVORCE DECREE GRANTED BY NAME OF COURT STATE DATE (YYMMDD)	ADDRESS OF FORMER SPOUSE STREET	TYPE OF DECREE <input type="checkbox"/> Final <input type="checkbox"/> Interlocutor
NAME OF PERSON FORMER SPOUSE REMARRIED <i>(If applicable)</i> <i>(Last, first, middle initial)</i>	CITY STATE ZIP CODE	Date decree is final (YYMMDD)

6. Have any of the above named dependents served as a member of the uniformed services or participated in full time training duty with pay after the date shown in item 1 above? YES NO

7. FIRST APPLICATION YES NO DATE LAST APPLICATION FILED (YYMMDD):

8. IMPORTANT NOTE: Making a false statement or claim against the U.S. Government is punishable by court martial.
PENALTY: The penalty for willfully making a false claim or a false statement in connection with claims: A maximum fine of \$10,000 or maximum imprisonment of 5 years or both (18 U.S.C. 287-1001).

I will immediately notify the appropriate officer of any change in the dependency status of my dependents. The facts I have stated in connection with this request are correct.

Current Date (YYMMDD)	Signature of service member
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9. I have reviewed the attached supporting documentary evidence presented to establish dependency of the above named dependents and have satisfied myself that the statements made by the member are true and correct.

Current Date (YYMMDD)	Signature of reviewing officer
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TO BE COMPLETED BY USAFAC/AFAFC

Dependency of above named dependent(s) has been established effective _____ (YYMMDD). It has been determined that the above named individual(s) is/are not dependent on the service member for the following reasons:

1/ Indicate if step or adopted child 2/ Children only 3/ Include interest, dividend or rental income and contributions from others toward household or living expenses.