

Authority: 5 USC Section 5701, 37 USC Section 404-427, 5 USC Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 9397

Routine Use: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed

SSN _____ - _____ - _____ Name _____ Grade _____

Unit _____ Office Symbol _____ Duty/Home Phone _____

Final out date _____ Date departed last duty station _____ Port call date _____

If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, etc.): _____

Date arrived new station _____ Date "Signed into" station/available for duty _____ Was leave taken upon arrival? Yes No

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

I certify that (please initial beside the statement(s) that apply or put N/A):

- 1. My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters)..... _____
My dependent(s) was/were assigned to quarters on..... _____
- 2. I have a **unique situation** not mentioned (e.g. dependents are in various locations, moved at personal expense, etc.):
Please explain **unique situation** here, if applicable: _____

3. I certify I currently reside in: Dorms Gov't Base/Leased Housing Privatized Base Housing Off-base Billeting/Temp Ldg
Effective Date: _____ NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

4. Dependent certification: _____

Name of Primary Dependent	Relationship	Date of Marriage/Birth
***If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?		

NOTE: *If child resides with a Military member, please provide his/her Name, SSN, and duty location below.

Name: _____ SSN: _____ - _____ - _____ Duty Location: _____

PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

NOTE: * DLA is **not** payable to **first duty assignment** for single members (JTR 5442.3.1).

I certify that (Please initial beside the applicable items).

- 1. I am married to another military member and we relocated at (**Same time / Separate times**)..... _____
 - a) We lived in the (**Same / Different**) household at old PDS..... _____
 - b) We live in the (**Same / Different**) household at new PDS..... _____
 - c) We were stationed at **different PDSs** before relocating to new PDS..... _____
 - d) We married en route to new PDS (not married at last PDS) _____
- 2. Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov't quarters to receive Single rate DLA (Gov't quarters includes: Dorms, Gov't base housing, Gov't leased housing):
 - a) I am E4-or-above w/3+ yrs service w/o dependents and **will not** be assigned permanent Gov't qtrs (see note 1): _____
NOTE 1: Mbr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes.
 - b) I am E4-or-below w/less than 3 yrs service w/o dependents and **will not** be assigned permanent Gov't qtrs. (see note 2): _____
NOTE 2: E4 and below w/less than 3 yrs service w/o dependents requires a letter signed by the Commander/Designee at new duty station.

PART C: ***OCONUS ONLY*******

Date Arrived in Country:..... JTR Location.....

I certify that (please fill in the blank or initial, as applicable, beside the statement(s) that apply or put N/A):

- 1. I traveled with _____ dependents authorized on my PCS orders.
- 2. I am claiming _____ dependents, authorized on my orders and living with me for COLA purposes. (**NOTE:** report changes to the FSO immediately)
- 3. I am currently serving an Accompanied/Unaccompanied Tour _____ (if Unaccompanied, no COLA for dependents at PDS)

I certify the above information is true and correct:

Signature: _____ Date: _____