DUAL ACTIVE DUTY BAH APPLICATION

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice MMN00010 (Personnel Services Working Files) published February 22, 1993, 58 FR 10630. **AUTHORITY**, 10 U.S.C. 1071-1087, 1441-1455, 1475-1488, 2771 6148a, b, and d; 31, U.S.C. 240-243; 37 U.S.C. 401 and 551, et. seq.; 38 U.S.C. 765-770, 2021-2026; 50 U.S.C. 1436, and E.O. 11016; 5 U.S.C. 301, Departmental Regulations. **PRINCIPLE**: Members and former members of the Marine Corps and Marine Corps Reserve; permanently and temporarily retired members of the Marine Corps and Marine Corps Reserve; members of the Fleet Marine Corps Reserve; Federal civil service employees of the Marines Corps; and dependents, survivors or appointed agents of the foregoing. **PURPOSE**: This information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents to include residence, basic allowance for quarters, etc. **ROUTINE USE**: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE:** MANDATORY for computer matching

MARINE'S INFORMATION

Name:	SSN:	Rank:
Date of Marriage:	Place of Marriage (County/State/Country)	
Have You Been Previously Married? YES ☐	NO ☐	If So, Number of Times:

Date	County	State of Divorce	Reason

ACTIVE DUTY SPOUSE INFORMATION

Name:	SSN:	Rank:
Branch:	Type of Service:	Component Code:

Type of BAH Spouse is Receiving (With Depn) ☐	(Without Depn) ☐	(BAH Own Right) ☐	(BAH Partial) ☐

Inclusive Dates of Active Duty:	to
Date of Birth:	Unit:
Have They Been Previously Married? YES ☐	NO ☐ If So, Number of Times:

Date:	County:	State of Divorce:	Reason:

Spouse's Maiden Name (If Applicable):

Has Household Been Established? YES ☐ NO ☐	Date Established:

MEMBER CERTIFICATION

I CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND CONSENT TO A CHECKAGE AGAINST MY PAY FOR ANY ALLOWANCES PAID ON ACCOUNT OF ANY PERSON LATER DETERMINED NOT BE MY DEPENDANT AS DEFINED IN EXISTING LAWS AND REGULATIONS.

I UNDERSTAND THAT I MUST KEEP MY UNIT'S PERSONNEL OFFICE INFORMED OF ANY CHANGES TO MY SPOUSE'S STATUS, TO INCLUDE DISCHARGE/RELEASE FROM ACTIVE DUTY AND MOBILIZATIONS.

I UNDERSTAND THIS ENTITLEMENT IS PAYABLE TO ME WHILE MAINTAINING A JOINT HOUSEHOLD ON OTHER THAN GOVERNMENT QUARTERS. IN THE EVENT I OR MY SPOUSE VACATES SUCH QUARTERS; I WILL IMMEDIATELY NOTIFY MY COMMANDING OFFICER/ PERSONNEL OFFICER FOR DETERMINATION OF CONTINUING THIS ENTITLEMENT AND FAMILY SEPARATION ALLOWANCE.

Signature of Marine: Date:

Required Documents: Marriage Certificate, Divorce Decree (If Applicable), Copy of Military ID, Spouse's LES, Spouse's BIR and any other Source Docs.

NOTE: A Complete Copy of All Required Documents Must Accompany This Package!

FOR USE BY UNIT DIARY CLERK

Name of Clerk:

Reviewed and Approved by Certifying Officer:

Unit Diary #:	Date:

Print Form

Reset Form