Print Form

APPLICATION FOR COST-OF-LIVING ALLOWANCES (7220)
NAVMC 11106 (REV .1-89) (EF) (7-86 edition will be used)

PRIVACY ACT STATEMENT

THE PRIVACY ACT STATEMENT FOR INFORMATION ON THIS FORM IS CONTAINED ON NAVMC FORM 11000, PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS.

A. PURPOSE OF THIS FORM IS

1. ☐ FOR MEMBER ONLY	2. ☐ FOR MEMBER AND DEPENDENTS	3. ☐ FOR MEMBER'S DEPENDENTS ONL

B. MEMBER'S DATA

1. NAME (Last, First, MI)	2. GRADE	3. DATE OF RANK	4. SSN

5. CURRENT PERMANENT DUTY STATION (City, Province, Country)	6. EFFECTIVE DATE OF ORDERS	7. DATE OF ARRIVAL

C. DEPENDENT DATE (Indicate if surname is different from Marine/Spouse's name) LIST DEPENDENTS FOR WHICH COLA IS CLAIMED

1A SPOUSE'S NAME	1B RELATIONSHIP	1C DATE OF MARRIAGE	5A DEPENDENT'S NAME	5B RELATIONSHIP	5C DATE OF BIRTH
2A DEPENDENT'S NAME	2B RELATIONSHIP	2C DATE OF BIRTH	6A DEPENDENT'S NAME	6B RELATIONSHIP	6C DATE OF BIRTH
3A DEPENDENT'S NAME	3B RELATIONSHIP	3C DATE OF BIRTH	7A DEPENDENT'S NAME	7B RELATIONSHIP	7C DATE OF BIRTH
4A DEPENDENT'S NAME	4B RELATIONSHIP	4C DATE OF BIRTH	8. DEPENDENT'S LOCATION IF OTHER THAN SPONSOR'S		

9. DATE DEPENDENTS ARRIVE AT PERMANENT STATION _____

10. DATE DEPENENTS DECLARED COMMAND SPONSORED _____

MARINE WITH OR WITHOUT DEPENDENTS: I certify that the above is correct and that I will inform my commanding officer immediately of any absence or leave of myself or of any absence of my dependents involving return to the United States or any changes in the number of my dependents on whose behalf cost-of-living allowances are paid.

MEMBER'S SIGNATURE	DATE

D. COMMANDING OFFICER'S CERTIFICATE

1. GOVERNMENT QUARTERS ARE

☐ AVAILABLE ☐ ASSIGNED ☐ TO THE MEMBER

☐ NOT AVAILABLE ☐ NOT ASSIGNED ☐ TO THE MEMBER'S DEPENDENTS

2.	A.	GOVERNMENT MESS ☐ IS ☐ IS NOT AVAILABLE TO: ☐ MEMBER AND DEPENDENTS ☐ MEMBER
	B.	☐ ENLISTED MEMBER AUTHORIZED TO MESS SEPARATELY ☐ IMPRACTICAL FOR MEMBER WITHOUT DEPENDENTS AUTHORIZED TO OCCUPY ECONOMY HOUSING TO USE GOVERNMENT MESS FOR 3 MEALS A DAY.

3. THIS APPLICATION IS APPROVED EFFECTIVE: _____

REMARKS:

DATE	NAME, GRADE, AND ACTIVITY OF COMMANDING OFFICER	SIGNATURE OF COMMANDING OFFICER

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