Print Form

# VARIABLE HOUSING ALLOWANCE APPLICATION (7200)
**NAVMC 11192** (10-87) (EF)

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

## PART A - PURPOSE OF APPLICATION

1. CHECK APPROPRIATE BOX

- ☐ CHANGE IN RESIDENCE
- ☐ CHANGE IN HOUSING COST/ADDITIONAL RESIDENCE
- ☐ CHANGE IN NUMBER OF SHARERS
- ☐ OTHER

2. VHA ENTITLEMENT CLAIMED FOR:

- ☐ MARINE'S DUTY STATION:
- ☐ DEPENDENT'S LOCATION
- ☐ MARINE'S DUTY STATION AND DEPENDENT'

3. STOP CURRENT VHA ENTITLEMENT, EFFECTIVE DATE:

## PART B - IDENTIFYING INFORMATION

| | | | |
|---|---|---|---|
| 1. SERVICE MEMBER | A. NAME (Last, First, MI) | B. PAY GRADE | C. SSN |
| | D. DUTY STATION OR HOME PORT (Station Name, City, State, Zip Code) | | |
| 2. DEPENDENT (if Applicable) | A. NAME (Last, First, MI) | | B. RELATIONSHIP |

## PART C - HOUSING INFORMATION

| | | | |
|---|---|---|---|
| 1. SERVICE MEMBER | A. RESIDENCE (City, State, Zip Code) | B. NO. OF SHARER, INCLUDING APPLICANT | C. DATE OF OCCUPANCY/EFFECTIVE DATE OF CHANGE |
| | D. MO. RENT PMT / MO. INS PMT / TOTAL MO. PMT<br>RENTER: + = | | E. ARE ALL UTILITIES INCLUDED IN THE RENT?<br>☐ YES ☐ NO |
| | F. MO. MTGE PMT / 2D MTGE PMT / MO. INS PMT / MO. TAX / TOTAL MO. PMT<br>HOME OWNER: + + + = | | |
| 2. DEPENDENT (if Applicable) | A. RESIDENCE (City, State, Zip Code) | B. NO. OF SHARER, INCLUDING APPLICANT | C. DATE OF OCCUPANCY/EFFECTIVE DATE OF CHANGE |
| | D. MO. RENT PMT / MO. INS PMT / TOTAL MO. PMT<br>RENTER: + = | | E. ARE ALL UTILITIES INCLUDED IN THE RENT?<br>☐ YES ☐ NO |
| | F. MO.MTGE PMT / 2D MTGE PMT / MO. INS PMT / MO. TAX / TOTAL MO. PMT<br>HOME OWNER: + + + = | | |

## PART D - MEMBER CERTIFICATION

I CERTIFY that I fully understand the conditions of entitlement to VHA and my responsibility for promptly notifying my commanding officer when changes affecting my entitlement occur. I also certify that the information reported in this application is true and correct.
(The penalty for making a fraudulent claim/statement is a maximum imprisonment of 5 years, or both (18 U.S.C., Section 287).

SIGNATURE _____ DATE

## PART E - REMARKS

## PART F - COMMANDER OR AUTHORIZED REPRESENTATIVE CERTIFICATION

1. PURPOSE: ☐ START ☐ CHANGE EFFECTIVE DATE UD NO. _____

2. I have reviewed the Marine's lease/rental/purchase agreement and the VHA entitlement has been reported on the Unit Diary.

SIGNATURE _____ DATE

**COMPLETION INSTRUCTIONS ON REVERSE**

Adobe Designer 8.0

Reset Form

## COMPLETION INSTRUCTIONS

1. **GENERAL**. USE THIS FORM TO START, CHANGE, OR STOP VHA.
   COMPLETE USING A TYPEWRITER OR BALLPOINT PEN.
   COMPLETE IN DUPLICATE AND SUBMIT TO THE COMMANDING OFFICER.

2. **ENTRIES**
   A. **PART A**.
   (1) ITEMS 1 AND 2. CHECK THE APPLICABLE BOXES.
   (2) ITEM 3. COMPLETE WHEN VHA IS TO BE COMPLETELY STOPPED.

B. **PART B**. ITEM 1 IS SELF-EXPLANATORY. IN ITEM 2 IDENTIFY THE DEPENDENT FOR WHICH VHA IS CLAIMED BASED ON DEPENDENT'S LOCATION OR WHOSE HOUSING EXPENSES ARE COMBINED WITH YOURS.

C. **PART C**. THE DATA IN THIS PART PERTAINS TO THE RESIDENCE(S) VHA IS CLAIMED FOR.
(1) ITEM 1A. ENTER THE ADDRESS OF THE RESIDENCE OCCUPIED BY YOU.
(2) ITEM 1B. ENTER THE TOTAL NUMBER OF SHARERS OCCUPYING THE RESIDENCE. DETERMINE NUMBER OF SHARERS AS FOLLOWS:

| | | | | |
|---|---|---|---|---|
| **A. MYSELF** | | | | |
| **B. SPOUSE WHO IS ALSO A SERVICE MEMBER, ENTER 1 AND PROVIDE THE FOLLOWING DATA INDICATED** | **NAME** | **SSN** | **SERVICE** | |
| **C. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO A LIVING QUARTERS ALLOWANCE (ENTER TOTAL NO.)** | | | | |
| **D. OTHER SERVICE MEMBERS ENTITLED TO BASIC ALLOWANCE FOR QUARTERS (ENTER TOTAL NO.)** | | | | |
| **E. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE AND/OR UTILITIES (ENTER TOTAL NO.)** | | | | |
| **F. ENTER THE TOTAL OF A THROUGH E, ABOVE. (DO NOT COUNT DEPENDENTS UNLESS COVERED BY ITEM C ABOVE.) IF THE RESULT EXCEEDS "1" YOU ARE CONSIDERED A "SHARER".** | | | | |

**(3) ITEM 1C. ENTER THE DATE YOU OCCUPY THE RESIDENCE. THIS DATE DETERMINES THE DATE VHA ENTITLEMENT STARTS OR CHANGES.**

**(4) ITEM 1D. ADD MONTHLY RENT TO MONTHLY COST OF LIABILITY AND PERSONAL PROPERTY INSURANCE, IF APPLICABLE. IF RENTING A MOBILE HOME OR HOUSE BOAT AND THE LOT/BERTHING FEES ARE NOT INCLUDED IN THE RENT, ADD THOSE COSTS TO THE RENT.**

**(5) ITEM 1E. CHECK APPROPRIATE BOX. UTILITIES INCLUDE ELECTRICITY, HEATING, WATER, SEWAGE, AND TRASH DISPOSAL ONLY.**

**(6) ITEM 1F. ADD THE MONTHLY MORTGAGE PAYMENT TO THE MONTHLY COST OF HAZARD AND LIABILITY INSURANCE WHEN THEY ARE NOT INCLUDED IN THE MONTHLY MORTGAGE PAYMENT. FOR MOBILE HOME/HOUSE BOAT OWNERS, INCLUDE ANY APPLICABLE LOT OR BERTHING FEES FOR RENT OR MORTGAGE PAYMENTS IN THE MONTHLY MORTGAGE PAYMENT.**

**(7) ITEM 2A THROUGH 2F. COMPLETION REQUIREMENTS ARE THE SAME AS THOSE FOR ITEMS 1A THROUGH 1F, ABOVE.**

D. **PART D**. SELF-EXPLANATORY. SUBMIT A COPY(IES) OF APPLICABLE HOUSING LEASE/RENTAL/PURCHASE AGREEMENT(S) OR CERTIFICATION(S) SHOWING THE MONTHLY RENT(S) OR MORTGAGE PAYMENT(S). ALSO, WHEN NOT INCLUDED IN THESE PAYMENTS, ATTACH COPIES OF ANY APPLICABLE INSURANCE POLICIES AND/OR TAX STATEMENTS.

E. **PART E**. THE APPLICANT OR COMMANDER CAN USE THIS AREA FOR ENTERING ADDITIONAL INFORMATION.

F. **PART F**. CHECK THE APPLICABLE PURPOSE BOX, ENTER THE EFFECTIVE DATE OF THE ACTION, SIGN AND DATE THE APPLICATION.