

JBPHH UH SF-02 Date: 7/23		JBPHH BAH REQUEST FORM		CONTROL#: _____	
Section I Information requested is required to determine BAH eligibility. Failure to do so shall either delay processing and/or place member in an overpaid status. Active duty E1-E3 & E4 less than 4yrs assigned to Sea Duty are not authorized BAH. Per OPNAVINST 7220.12, the Joint Base Commander is the approving authority for Basic Allowance of Housing (BAH)					
Name (Last, First MI)		Rate/Rank:	Date of Paid Rank: (mm/dd/yy)	Active Duty Start Date	Work Phone:
Command/UIC:		Email:		Contact Number:	
Section II: <input type="checkbox"/> Unaccompanied Housing Resident: Complete Section 2 & Section 5. <u>Section 3 and Section 4 shall be completed by parent command</u>					
Section: 2 - Unaccompanied Housing Resident		Barracks Assigned:	Building#: _____	Room#: _____	
Select one of the below and provide the following - Member is electing to receive BAH. <input type="checkbox"/> <u> </u> E4 and below Shore duty/Rotational/Air Force; <u> </u> E4 greater than 4yrs service Sea Duty <u> </u> E5 (paid, not frocked) <input type="checkbox"/> Financial Counseling - Command Financial Counselor/Date Completed _____ <input type="checkbox"/> Copy of Approved BAH Waiver email from UH Admin. <input type="checkbox"/> Marital Status Change – <u> </u> (initial) Effective Date of Marriage/Divorce _____ <input type="checkbox"/> Pregnancy - Member shall be 20 weeks or more. <input type="checkbox"/> <u> </u> (initial) Check the box if Sea Duty active member meets minimum requirement of 20 weeks <input type="checkbox"/> <u> </u> E4 Air Force ONLY – Intent to Marry within 60 days <input type="checkbox"/> <u> </u> (initial) Effective Date of Marriage _____ <input type="checkbox"/> Financial Counseling - Command Financial Counselor/Date Completed _____					
Member's Signature: _____ I acknowledge the above information is accurate and understand that providing a false statement is a UCMJ violation					Date _____
Section 3 – Member's Parent Command Routing: Member requests approval to reside outside of Unaccompanied Housing.					
Approval /Recommendation:			Signature		Date
YES	NO	LCPO/1 st Shirt			
YES	NO	Division Officer			
YES	NO	Dept Head			
YES	NO	CMC/CMSGT			
YES	NO	XO			
YES	NO	CO			
Section 4: Command Verification - I have verified that the information provided by the member in Section 1 and 2 above is accurate and true. I understand that any information that is not accurate will place the service member in a financial hardship and in an overpaid status. Member's Commanding Officer/OIC (Print Name) _____ Signature _____ Date _____					
Section 5: UH Resident: Complete & provide the following to UH Admin for verification: <input type="checkbox"/> Copy of Approved BAH Waiver email – UH Admin Verification/Stamp _____ <input type="checkbox"/> NAVSUP Fleet Mail Center – Checkout Verification /Stamp _____ <input type="checkbox"/> Copy of UH Check out Form - Checkout Date : _____ BAH Start Date: _____					
JOINT BASE PEARL HARBOR-HICKAM, UH Admin OFFICE 1. Your request for BAH has been reviewed and meets requirement as per JBPHHINST 11100.2A 2. Submit BAH approval and if applicable, Barracks Check-Out Form to command CPPA for final processing to PSD. <div>Commanding Officer JBPHH (or designated representative)</div> <div>Date _____</div>					