JBPHH UH SF-02
Date: 7/18

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:

Section II:

☐ **Unaccompanied Housing Resident**: Complete Section 2 & Section 5. **Section 3 and Section 4 shall be completed by parent command**

Section: 2 - Unaccompanied Housing Resident | **Barracks Assigned:** | **Building#:** _____ **Room#**: _____

Select one of the below and provide the following - Member is electing to receive BAH.

☐ **____ E4 and below Shore duty/Rotational/Air Force; ____ E4 greater than 4yrs service Sea Duty ____ E5 (paid, not frocked)**

- ☐ Financial Counseling - **Command Financial Counselor/Date Completed** _____
- ☐ Copy of Approved BAH Waiver email from UH Admin.

☐ **Marital Status Change** – _____ **(initial) Effective Date of Marriage** _____

☐ **Pregnancy - Member shall be 20 weeks or more.**

- ☐ **_____ (initial) Check the box** if Sea Duty active member meets minimum requirement of 20 weeks

☐ **____ E4 Air Force ONLY – Intent to Marry within 60 days**

- ☐ **_____ (initial) Effective Date of Marriage** _____
- ☐ Financial Counseling - **Command Financial Counselor/Date Completed** _____

Member's Signature:_____ **Date**
I acknowledge the above information is accurate and understand that providing a false statement is a UCMJ violation

Section 3 – Member's Parent Command Routing: Member requests approval to reside outside of Unaccompanied Housing.

Approval /Recommendation:			**Signature**	**Date**
YES	NO	LCPO/1st 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:

- ☐ Copy of Approved BAH Waiver email – **UH Admin Verification/Stamp** _____
- ☐ NAVSUP Fleet Mail Center – **Checkout Verification /Stamp** _____
- ☐ 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 11100.2
2. Submit BAH approval and if applicable, Barracks Check-Out Form to command CPPA for final processing to PSD.

_____ _____
Commanding Officer **Date**
JBPHH (or designated representative)