

OHA DECLARATION

I, _____, have been counseled by,

_____, a housing customer service representative on acceptable OHA expenditures. I understand that OHA is authorized to assist a member in defraying the housing costs incurred incident to assignment to a permanent duty station in the Territory of Guam. OHA is not intended, and must not be allowed to be used, for my personal enrichment by including costs incurred for adapting a residence to accommodate renters. For example, I will not negotiate with the landlord/owner, nor have the landlord/owner provide in the rental agreement, additional amenities which are not available to the general public.

I understand that the Installation Commander adjudicates cases involving questionable OHA claims. While the Installation Commander may not change my entitlement to an allowance, the Installation Commander adjudicates the parameters under which the allowance is paid.

- (1) The Installation Commander shall disapprove lease agreements for properties whose owners currently are subject to restrictive sanctions impose pursuant to discrimination complaints.
- (2) Per Joint Federal Travel Regulations, Volume 1, the Region Commander as the senior office of the Uniformed Services in Guam may disapprove a lease because the rental amount is excessive and not reflective of available housing. This authority may not be delegated. In exercising this authority, the Region Commander may obtain appraisals and us other available market information. However, an appraisal indicating a rental value within 15% of the asking price without other market indication such as duration of vacancy, non-OHA rental offers, leases for comparable properties, general market trends, etc.

I understand that disciplinary action will be taken when housing allowances are used for other than the purpose intended.

I understand that since I am authorized to live in private sector lease/owned quarters, I am authorized OHA and must provide a completed DD Form 2367 (Individual OHA Report).

Print Name/Title

Signature/Date

Print Customer Service Rep Name

Signature/Date