

**STATEMENT OF UNDERSTANDING
BASIC ALLOWANCE FOR QUARTERS - DEPENDENTS**

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C., Chapter 7; 10 U.S.C., Chapter 55; 10 U.S.C., 8013; EO 9397, November 1943.

PRINCIPAL PURPOSE: To make dependency determination required by law and DFAS-DE regulations.

ROUTINE USES: Copies of the dependency statement, related correspondence, and information from either may be furnished to the member, the claimed dependent, the person who furnished such information, the FBI for law enforcement; the IRS and state and local taxing agencies for tax administration; the VA to determine entitlement and prevent duplication of payment; the Comptroller General for final determination in appeal cases; welfare agencies to prevent duplication of payment; and the American Red Cross (ARC) for locator purposes and to aid in delinquent loans owed to ARC.

DISCLOSURE: Including disclosure of the social security number (SSN) is voluntary. However, the SSN is used for positive identification and, if the required information is not furnished, the member's application may be disapproved.

INSTRUCTIONS: *Read the block of this form that pertains to the category of dependent for whom you request approval of BAQ. Circle number of applicable block. Be sure you understand the requirements for receipt of BAQ; sign and date the form. DFAS-DEM 177-373, Volume I, contains procedures and guidance on BAQ applications for these dependents.*

1. Parent.

- a. I understand I must provide monthly support of more than 50 percent of my parent's necessary living expenses, and that parent's income must be less than 50 percent of parent's expenses.*
- b. I understand I must provide proof of support unless my parent resides with me. This is true any time parent resides apart from me for more than 30 days.*
- c. I understand the only acceptable proof of support is by dependent support allotment and copies of canceled checks, money orders, or bank drafts payable to my parent.*
- d. I understand I must report to the finance office for redetermination of my BAQ entitlement annually, and:*
 - (1) Upon a change in parent's income, living arrangements, or marital status.*
 - (2) Upon a decrease in or termination of my support payments for my parent.*
 - (3) Upon nonsupport inquiry.*
 - (4) Upon change to another type of dependent for BAQ.*
 - (5) Upon demise of parent.*
 - (6) Upon leaving or entering government quarters.*
 - (7) Upon PCS arrival.*
 - (8) Upon my discharge or retirement from the Air Force.*

2. Ward of a Court.

- a. I understand I must provide monthly support of more than 50 percent of my ward's necessary monthly living expenses, and the ward's income must be less than 50 percent of ward's expenses.*
- b. I understand my ward must reside with me unless separated by military necessity.*
- c. I understand I must report to the finance office for redetermination of my BAQ entitlement annually, and:*
 - (1) Upon a change in ward's income, or residential status.*
 - (2) Upon a decrease in or termination of my support payments for my ward.*
 - (3) Upon nonsupport inquiry.*
 - (4) Upon change to another type of dependent for BAQ.*
 - (5) Upon demise of ward.*
 - (6) Upon leaving or entering government quarters.*
 - (7) Upon PCS arrival.*
 - (8) Upon my discharge or retirement from the Air Force.*
 - (9) Upon change in guardianship status, or revised court order.*

3. Student Under Age 23.

- a. I understand I must provide monthly support of more than 50 percent of my student's necessary monthly living expenses, and the student's monthly income must be less than 50 percent of the student's expenses.*
- b. I understand I must provide proof of support unless my student resides with me. This is true any time student resides apart from me for more than 30 days.*
- c. I understand the only acceptable proof of support is by dependent support allotment and copies of canceled checks, money orders, or bank drafts payable to my student.*
- d. I understand I must report to the finance office for redetermination of my BAQ entitlement annually, and:*
- (1) Upon a change in student's income, living arrangements, or marital status.*
 - (2) Upon a decrease in or termination of my support payments for my student.*
 - (3) Upon nonsupport inquiry.*
 - (4) Upon change to another type of dependent for BAQ.*
 - (5) Upon demise of student.*
 - (6) Upon leaving or entering government quarters.*
 - (7) Upon PCS arrival.*
 - (8) Upon my discharge of retirement from the Air Force.*

4. Incapacitated Child Over Age 21.

- a. I understand I must present a current medical statement attesting to child's mental or physical incapacity on initial application and, if requested to, on annual redetermination of BAQ in behalf of my child. I understand I must report an improvement in health of child to the point where incapacity would no longer exist.*
- b. I understand I must provide monthly support of more than 50 percent of my child's necessary living expenses, more than child's monthly countable income, and that child's income must be less than 50 percent of child's expenses.*
- c. I understand I must provide proof of support unless my child resides with me. This is true any time my child resides apart from me for more than 30 days.*
- d. I understand the only acceptable proof of support is by dependent support allotment, garnishment of my pay for current child support, and copies of canceled checks, money orders, or bank drafts payable to the person who has physical custody of my child.*
- e. I understand I must report to the finance office for redetermination of my BAQ entitlement annually, and:*
- (1) Upon a change in child's income and living arrangements.*
 - (2) Upon a decrease in or termination of my support payments for my child.*
 - (3) Upon nonsupport inquiry.*
 - (4) Upon change to another type of dependent for BAQ.*
 - (5) Upon demise of child.*
 - (6) Upon leaving or entering government quarters.*
 - (7) Upon PCS arrival.*
 - (8) Upon my discharge or retirement from the Air Force.*
- f. I understand that if I divorce the biological parent of my stepchild, I am no longer entitled to BAQ in behalf of the stepchild regardless of other circumstances.*
- g. I understand that if my child marries or enters military service, I am no longer entitled to BAQ in behalf of my child regardless of other circumstances.*

I certify that I have read and understand the requirements for receipt of BAQ. I understand that my failure to comply with the above will result in the cancellation of BAQ, possible establishment of retroactive debt, and possible disciplinary action if appropriate.

MEMBER'S SIGNATURE

SSN

DATE