

THIRD PARTY AFFIDAVIT IN SUPPORT OF AN IN LOCO PARENTIS RELATIONSHIP OF SOLDIER

INQUIRIES DIVISION CENTRALIZED PAY OPERATIONS U.S. ARMY FINANCE & ACCOUNTING CENTER INDIANAPOLIS, IN 46249

BLOCK A	BLOCK B
NAME OF ALLEGED PARENT	NAME OF SOLDIER

THE PRIVACY ACT OF 1974
BY AUTHORITY OF PUBLIC 93 - 64, AND THE INFORMATION SOLICITED ON THIS FORM WILL BE USED TO DETERMINE ELIGIBILITY A PERSON "STANDING IN PLACE OF A NATURAL/STEPARENT" AS A BASIS FOR PAYMENT OF BASIC ALLOWANCE FOR QUARTERS (BAQ). ALTHOUGH DISCLOSURE IS VOLUNTARY, BAQ CANNOT BE PAID UNTIL SUCH TIME AS ELIGIBILITY OF SECONDARY DEPENDENT IS ESTABLISHED.

I, TO SUPPORT THE CLAIM OF AN IN LOCO PARENTIS RELATIONSHIP BETWEEN THE ABOVE NAMED SOLDIER AND ALLEGED PARENT, SUBMIT THE FOLLOWING STATEMENT IN REPLY TO THE QUESTIONS LISTED BELOW.

QUESTIONS	ANSWERS						
1. AFFIANT'S NAME							
2. HOW LONG HAVE YOU'VE BEEN ACQUAINTED WITH THE ABOVE MENTIONED RELATION							
3. UNDER WHAT CIRCUMSTANCES DID THE SOLDIER BEGAN TO LIVE WITH THE ABOVE-MENTIONED RELATION							
4. HOW LONG DID THE SOLDIER RESIDE WITH HER (OR HIM) TO YOUR KNOWLEDGE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: none;">FROM</td> <td style="width: 25%; border: none;">TO</td> <td style="width: 25%; border: none;">FROM</td> <td style="width: 25%; border: none;">TO</td> </tr> </table>	FROM	TO	FROM	TO		
FROM	TO	FROM	TO				
5. DID THE ABOVE-MENTIONED RELATION HAVE PARENTAL CONTROL OVER THE SOLDIER? (CHECK ONE)	<input type="checkbox"/> YES <input type="checkbox"/> NO						
6. DID THE ABOVE-MENTIONED RELATION PROVIDES A SOLDIER? (CHECK ONE FOR EACH QUESTION)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">EDUCATION</td> <td style="width: 30%; border: none;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">RELIGIOUS GUIDANCE</td> <td style="border: none;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">SUPPORT</td> <td style="border: none;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>	EDUCATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	RELIGIOUS GUIDANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	RELIGIOUS GUIDANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO					
SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO						
SIGNATURE OF AFFIANT							

NOTARY PUBLIC

SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS DAY OF ,

OFFICIAL SEAL	SIGNATURE OF NOTARY	OFFICIAL TITLE
	COUNTY	STATE OR TERRITORY
	MY COMMISSION EXPIRES	