ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 07-06)
S/N: 0106-LF-132-8700

FILLABLE FORM

SHIP OR STATION:

SUBJECT:	☐ **PERMANENT** ☒ **TEMPORARY**
BASIC ALLOWANCE FOR HOUSING (BAH) STATEMENT OF UNDERSTANDING	**AUTHORITY** ***(IF PERMANENT)***

You are required to maintain the accuracy of your NP 1070/602 (Dependency Application/Record of Emergency Data) form. Changes in dependent's status (marriage, divorce, death, birth, etc), location, your living arrangements (if receiving BAH at the w/o dependent rate), status of military spouse and/or assignment to government quarters must be immediately reported to your chain of command and your servicing Personnel Office/Personnel Support Detachment.

BAH (w/dependents rate) AT DEPENDENT'S LOCATION:

_____: I understand my eligibility for BAH at dependent's location requires Commanding Officer's approval. A NP 1336/3
(Initials) (Special Request/Authorization) form with Commanding Officer's endorsement must be completed. I understand I may also be required to provide other documentation deemed necessary by the Commanding Officer to validate my request.

BAH (w/dependents rate) AT PDS LOCATION:

_____: I understand my eligibility for BAH at the with dependent rate is based upon the dependents listed on my NP
(Initials) 1070/602 (Dependency Application/Record of Emergency Data) form.

BAH (w/o dependents rate) (E4 over 4 years, E5, E6 and above, military married to military: E5 and below both simultaneously assigned to sea duty):

_____: I request BAH at the w/o dependent rate, in lieu of assignment to government quarters and understand
(Initials) I must have a residence in the vicinity of my permanent duty station. If I am an E4 or E5, I understand my request requires the Commanding Officer and shore based facility manager's final approval using a NP 1336/3 (Special Request/Authorization) form. I certify I must maintain the address shown below during a deployment in order to maintain continuous entitlement to BAH at the w/o dependent rate.

I certify the address shown below is the primary residence of my dependents (if receiving BAH at the w/dependent rate) or my address (if receiving BAH at the w/o dependent rate).

ADDRESS:

_____

Any member who submits a claim for BAH which contains a false statement may be subject to disciplinary action for violation of the UCMJ and/or administrative action, including processing for administrative separation. Fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties of imprisonment and a fine. For military personnel, it can include dishonorable discharge, total forfeitures and confinement.

_____ _____
MEMBER SIGNATURE DATE WITNESSED DATE

References: OPNAVINST 7220.12 and JTFR Vol 1, Chap 10

NAME (LAST, FIRST, MIDDLE)	**SOCIAL SECURITY NUMBER**	**BRANCH AND CLASS**