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

SHIP OR STATION:

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

BAH DEPENDENTS AT PDS LOCATION:
: I ( ) hereby understand that my eligibility of BAH with dependents is based upon the dependents listed on my NAVPERS 1070/602. I further understand that if there is a change in dependency status (marriage, divorce, death or birth), dependent's address and/or assignment to government quarters that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

BAH DEPENDENTS AT DEPENDENTS LOCATION:
_____: I ( ) hereby understand that my eligibility of BAH at dependents location requires Commanding Officer's approval (Afloat commands only). The request chit with the CO's endorsement must be on file at PSD. I understand I must provide original supporting documents to validate entitlement for BAH Dependents Location. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, death or birth) that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

OUTCONUS LOCATIONS: I certify that I have read and fully understood the Early Return of Dependents (ERD) policy contained in JFTR Volume 1 paragraph U10207.

BAH SINGLE:
: I ( ) hereby reaffirm my request for Single BAH in lieu of assignment to government quarters and understand that I must have a commercial residence in the vicinity of the homeport. I understand that my eligibility requires the Commanding Officer and CBH Director's final approval, except E6 and above (afloat) and E7 and above (SHORE). I further certify that I must maintain a residence to receive continuous entitlement to BAH Single. I also understand that it is my responsibility to report any change to my living arrangements and if applicable the status of my military spouse to the Personnel Support Detachment.

I also certify that the address shown below is also the same address listed on the Command Recall Bill.

ADDRESS: _____
_____
_____
_____

Any member who submits a claim for BAH which contain a false statement may be subject to disciplinary action for violation of the UCMJ and/or administrative action, including processing for administrative separation. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties including imprisonment and/or a fine. For military personnel, it can include dishonorable discharge, total forfeitures of pay and confinement. You are required to ensure your Page 2 is accurate and that changes in dependent status (marriage, birth, divorce, separation or death) or location, are immediately reported to your chain of command and your servicing Personnel Support Detachment (Ship or PSD Afloat).

_____
MEMBER'S SIGNATURE DATE

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