

JBPHH UH SF-02 Date: 7/18	<h2 style="margin: 0;">JBPHH BAH REQUEST FORM</h2>	CONTROL#: _____
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**Section I** Information requested is required to determine BAH eligibility. Failure to do so shall either delay processing and/or place member in an overpaid status. Active duty **E1-E3 & E4 less than 4yrs assigned to Sea Duty are not authorized BAH.** Per OPNAVINST 7220.12, the Joint Base Commander is the approving authority for Basic Allowance of Housing (BAH)

Name (Last, First MI)	Rate/Rank:	Date of Paid Rank: (mm/dd/yy)	Active Duty Start Date	Work Phone:
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Command/UIC: \_\_\_\_\_

**Section II:**  
 **Unaccompanied Housing Resident:** Complete Section 2 & Section 5. **Section 3 and Section 4 shall be completed by parent command**

<b>Section: 2 - Unaccompanied Housing Resident</b>	Barracks Assigned:	Building#: _____	Room#: _____
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Select one of the below and provide the following - Member is electing to receive BAH.

\_\_\_ E4 and below Shore duty/Rotational/Air Force; \_\_\_ E4 greater than 4yrs service Sea Duty \_\_\_ E5 (paid, not frocked)

Financial Counseling - **Command Financial Counselor/Date Completed** \_\_\_\_\_  
 Copy of Approved BAH Waiver email from UH Admin.

**Marital Status Change** - \_\_\_\_\_ (initial) Effective Date of Marriage \_\_\_\_\_

**Pregnancy - Member shall be 20 weeks or more.**

\_\_\_ (initial) Check the box if Sea Duty active member meets minimum requirement of 20 weeks

\_\_\_ E4 Air Force ONLY - Intent to Marry within 60 days

\_\_\_ (initial) Effective Date of Marriage \_\_\_\_\_  
 Financial Counseling - **Command Financial Counselor/Date Completed** \_\_\_\_\_

Member's Signature: _____	Date
I acknowledge the above information is accurate and understand that providing a false statement is a UCMJ violation	

**Section 3 - Member's Parent Command Routing:** Member requests approval to reside outside of Unaccompanied Housing.

Approval /Recommendation:		Signature	Date
YES	NO	LCPO/1 <sup>st</sup> Shirt	
YES	NO	Division Officer	
YES	NO	Dept Head	
YES	NO	CMC/CMSGT	
YES	NO	XO	
YES	NO	CO	

**Section 4: Command Verification** - I have verified that the information provided by the member in Section 1 and 2 above is accurate and true. I understand that any information that is not accurate will place the service member in a financial hardship and in an overpaid status.

Member's Commanding Officer/OIC (Print Name)	Signature	Date
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**Section 5: UH Resident:** Complete & provide the following to UH Admin for verification:

Copy of Approved BAH Waiver email - **UH Admin Verification/Stamp** \_\_\_\_\_

NAVSUP Fleet Mail Center - **Checkout Verification /Stamp** \_\_\_\_\_

Copy of UH Check out Form - **Checkout Date** : \_\_\_\_\_ **BAH Start Date:** \_\_\_\_\_

**JOINT BASE PEARL HARBOR-HICKAM, UH Admin OFFICE**

- Your request for BAH has been reviewed and meets requirement as per JBPHHINST 11100.2
- Submit BAH approval and if applicable, Barracks Check-Out Form to command CPPA for final processing to PSD.

\_\_\_\_\_  
**Commanding Officer**  
 JBPHH (or designated representative)

\_\_\_\_\_  
**Date**