

NAVAL STATION EVERETT BASIC ALLOWANCE FOR HOUSING - SINGLE REQUEST

PARENT COMMAND SPECIAL REQUEST/AUTHORIZATION

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, Departmental Regulation. The principal purpose of the information is to enable you to make known your desire to draw BAH-S. The information contained on both sides of this form will be used to assist officials in determining your eligibility for and approving or disapproving of your request. Completion of the form is mandatory; failure to provide required information might result in delay to or disapproval of your request.

**ATTENTION: There is a pay grade requirement for Shipboard Sailors to be authorized BAH-S. E1 – E3 and E4 with less than four years of service are not authorized BAH. Prohibit authorization of BAH for E4 with four or more years in service unless UH occupancy is 95% or greater. LES required to verify pay grade and time in service.**

Considerations for eligible personnel to draw BAH-S:

- (1) I am E1-E4 shore or E4 over four year shipboard Sailor; and the UH occupancy is over 95%. If requesting due to a significant amount of household goods and prior approval of BAH-S at last duty station, a **Verified List of Household Goods is required**.
- (2) I am a single E5 Sailor.
- (3) I am divorced (**Dissolution Documents Required**) but retain possession of a significant amount of household goods (**Verified List of Household Goods is required**) or remain financially committed to lease/purchase of living Quarters (**Lease/Mortgage Agreement is required**).
- (4) I am pregnant and *past the fourth month* (**Doctors Verification required**) and desire to set up suitable living quarters prior to eligibility of BAH-S at “with dependents” rate.
- (5) I am a military married to military and qualify for BAH under reference (a).

\_\_\_\_\_  
Signature of Requester

CHAIN OF COMMAND ENDORSEMENT

Approval of this request signifies that the requester meets whatever criteria for which have been indicated above. The chain of command should view BAH-S requests with an eye to maturity and resourcefulness on the individual involved. Individuals requesting BAH-S should check with Unaccompanied Housing prior to vacating quarters or entering a lease to verify they are eligible and will be authorized BAH.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	LCPO	_____	_____
			Signature & Rate/Rank/Title	Date
<input type="checkbox"/> YES	<input type="checkbox"/> NO	DIV OFF	_____	_____
			Signature & Rate/Rank/Title	Date
<input type="checkbox"/> YES	<input type="checkbox"/> NO	CMC/SEA	_____	_____
			Signature & Rate/Rank/Title	Date
<input type="checkbox"/> YES	<input type="checkbox"/> NO	DEPT HEAD	_____	_____
			Signature & Rate/Rank/Title	Date
<input type="checkbox"/> YES	<input type="checkbox"/> NO	XO	_____	_____
			Signature & Rate/Rank/Title	Date
RECOMMENDED:			_____	_____
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL		Commanding Officer/OIC	Date

Reason for disapproval:

NAVAL STATION EVERETT BASIC ALLOWANCE FOR HOUSING - SINGLE REQUEST (CONT.)

\_\_\_\_\_  
(Date Submitted)

From: \_\_\_\_\_ (Last Name, First MI) \_\_\_\_\_ (Rate)  
To: Commanding Officer, Naval Station Everett  
Via: \_\_\_\_\_  
(Command CO, OIC, or Department Head)

Subj: REQUEST FOR BASIC ALLOWANCE FOR HOUSING - SINGLE

Ref: (a) NAVSTAEVERETTINST 7220.1D

1. Per reference (a), respectfully request permission to draw Basic Allowance for Housing-Single (BAH-S). I understand vacating Naval Station (NAVSTA) Everett Unaccompanied Housing (UH) is required prior to receiving BAH-S. **I further understand that I must verify my eligibility for BAH-S prior to agreeing to a lease/purchasing a residence and vacating the UH.**
2. If approved, requested start date is \_\_\_\_\_.
3. To initiate the payment of BAH-S, I must obtain verification of non-residency and final BAH-S authorization and forward to Personnel Support Detachment Everett.
4. BAH-S requests may be disapproved when adequate government quarters are available. Once approved, BAH-S will not be rescinded due to low occupancy and subsequent availability of quarters.
5. Disapproved requests will be held indefinitely until eligibility criteria have been met.
6. I understand that my BAH-S will cease if:
  - a. I am in a disciplinary status and placed on restriction while onboard Naval Station Everett.
  - b. For any reason, I terminate my residence and move back into any government quarters.
  - c. I am transferred permanently (PCS) outside of the geographic area.
7. I further understand that if my BAH-S is terminated for any of the above reasons, it will be necessary for me to resubmit a new request before I may start receiving BAH-S again.
8. I certify that once my request is granted, I will notify my Commanding Officer/Officer in Charge of any change of status, which may affect my eligibility for BAH-S.
9. I understand that knowingly presenting a false request for BAH-S is a violation of the Uniform Code of Military Justice and that I will be subject to severe administrative actions.

\_\_\_\_\_  
Signature of Requester

**FIRST ENDORSEMENT**

\_\_\_\_\_  
(Date)

From: \_\_\_\_\_  
(Command CO, OIC, or NAVSTA Everett Department Head)  
To: Commanding Officer, Naval Station Everett  
Via: Unaccompanied Housing, Naval Station Everett

1. Forwarded, recommending

\_\_\_\_\_  
CO/OIC/DH Signature

**SECOND ENDORSEMENT**

From: Naval Station Everett Unaccompanied Housing  
To: Commanding Officer, Naval Station Everett

1. Forwarding, recommending

- a. Unaccompanied Housing Occupancy Rate: \_\_\_\_\_%
- b. Member \_\_\_\_\_ currently reside in Unaccompanied Housing.

\_\_\_\_\_  
Housing Manager, Naval Station Everett (or designated individuals)

PARENT COMMAND BAH-S CHECKLIST			
	<u>Requester</u>		<u>Command</u>
	Completed pages 1 and 2 of NAVSTA EVERETT 7220/1		Endorsed page 3 of NAVSTA EVERETT 7220/1
	Current Leave and Earning Statement (LES)		Financial counseling (For E-4 and below)
	Copy of signed lease (If requesting to back date BAH-S start date 90 days or more)		CO/OIC justification letter (If requesting to back date BAH-S start date of 90 days or more)
	Itemized listing of household goods (If an E-4 or below requesting BAH-S due to a recent divorce or to maintain BAH-S due to receiving BAH-S from a previous command.)		NAVPERS 1070/613 (BAH-S Page 13)
	Divorce decree (if applicable)		Forward Unaccompanied Housing letter/check-out sheet to PSD Everett to start BAH-S. (If residing in UH)