

APPLICATION FOR HOUSING AND/OR COST-OF-LIVING ALLOWANCES – AIR RESERVE FORCES

*AUTHORITY: 37 U.S.C., Pay and Allowances of the Uniformed Services and EO 9397, 22, Nov 43, which authorizes the use of the SSN.
 PRINCIPAL PURPOSE: To certify your entitlement to housing and/or cost of living allowances while on an active duty tour.
 ROUTINE USE: To support payment by the ARPAS payroll office to you for the housing or cost-of-living allowances. Use of SSN is necessary for correct identification.
 DISCLOSURE IS VOLUNTARY: However, failure on your part to furnish all of part of the information required may result in denial of payment of station allowances.*

I. PERSONAL DATA

1. NAME		2. GRADE	3. YRS OF SVC	4. SSN
5. HOME ADDRESS (Include zip code)		6. UNIT OF ASSIGNMENT AND STATION		
7. ORDER NUMBER	8. DATE		9. INCLUSIVE DATES OF TOUR	

II. MEMBER ALLOWANCE CERTIFICATION

10. ALLOWANCE(S) REQUESTED: (I understand housing allowance and/or cost-of-living allowance is not payable for any days I receive per diem.)

<u>COST-OF-LIVING ALLOWANCE</u>	<u>HOUSING ALLOWANCE</u>
WITHOUT DEPENDANTS	WITHOUT DEPENDANTS
<input type="checkbox"/> WITH DEPENDANTS – NO OF DEPENDANTS	<input type="checkbox"/> WITH DEPENDANTS

HOUSING	11. <i>I do hereby apply for housing allowance. I certify that neither I nor my dependants occupy/occupied Government quarters or housing facilities during this active duty tour.</i>	
	a. SIGNATURE	b. DATE

COST-OF-LIVING	12. MEMBER WITH DEPENDANTS
	<i>The dependency information shown above is correct and I will inform my payroll office immediately of any period(s) of absence in excess of 30 days that I accompany my dependants on leave to CONUS or any absence in excess of 30 days of my dependants involving return to CONUS. I will also notify my payroll office of any change in the number of my dependants on whose behalf cost-of-living allowances are paid. I further certify dependants live in the vicinity of the PDS.</i>
a. SIGNATURE	b. DATE

COST-OF-LIVING	13. MEMBER WITHOUT DEPENDANTS
	<i>I will promptly notify my payroll office of any period(s) of absence when I am in the CONUS on leave, or for any days I am being subsisted at Government expense at my permanent duty station.</i>
a. SIGNATURE	b. DATE

III. COMMANDERS CERTIFICATION (Person to Whom Member Reports for Duty)

14. *I certify the within named member is entitled to the station allowances indicated above.*

a. TYPED NAME, GRADE AND TITLE	b. SIGNATURE	c. DATE
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15. REMARKS