

**U.S. DEPARTMENT OF
HOMELAND SECURITY**

U.S. Coast Guard
CG-2025 (Rev. 09-10)

BAH/HOUSING WORKSHEET

Name (Last, First, MI)	Rank/Rate	Permanent Unit	EMPLID
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PURPOSE: Use this form to indicate current housing status. Use Housing Allowance Protection Worksheet (CG-2025A) to request BAH for a location other than the permanent duty station (PDS) - http://www.uscg.mil/ppc/forms/	Effective Date of Change:
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SPOUSE INFORMATION

I am not married.
 I am married. My spouse is not in the service (active or reserve component).
 I am married. My spouse is also a member of a Uniformed Service. **This worksheet cannot be processed unless you complete and attach a Member-Married-to-Member BAH Worksheet (CG-2025B) -- <http://www.uscg.mil/ppc/forms/>**

HOUSING INFORMATION

My current housing address is: (enter below) I want this address used as my mailing address

Notes: 1. If you have dependents and they do not reside with you at this address, attach a separate sheet with their complete address and zip code.
 2. Use **Housing Allowance Protection Worksheet (CG-2025A)** to request BAH for a location other than the permanent duty station (PDS) -- <http://www.uscg.mil/ppc/forms/>

Address:
City:
State: Zip Code:

My dependency status is (select only one): (W/depns-With Dependents, WO/depns-Without dependents)

<input type="checkbox"/> W/depns (includes M-to-M couples where spouse is on Active Duty, I claim our dependents for BAH. Attach Member-Married-to-Member BAH Worksheet (CG-2025B) -- http://www.uscg.mil/ppc/forms/)	<input type="checkbox"/> WO/depns (includes M-to-M couples where spouse is on Active Duty and claims dependents for BAH. Attach Member-Married-to-Member BAH Worksheet (CG-2025B) -- http://www.uscg.mil/ppc/forms/)
<input type="checkbox"/> WO/depns (includes M-to-M couples and the spouse is on Active Duty and we have no dependents. Attach Member-Married-to-Member BAH Worksheet (CG- 2025B) -- http://www.uscg.mil/ppc/forms/)	
<input type="checkbox"/> WO/depns and paying child support (ex-spouse is not an active duty military member)	

My housing assignment status is: (enter below)

<input type="checkbox"/> Paying for private sector quarters (See note)	<input type="checkbox"/> DOD owned housing
<input type="checkbox"/> CG owned housing	<input type="checkbox"/> DOD leased housing
<input type="checkbox"/> CG leased housing	<input type="checkbox"/> DOD barracks or shipboard berthing
<input type="checkbox"/> CG barracks or shipboard berthing	

Note: A member without dependents residing in Government quarters at their duty station cannot apply for BAH or OHA without-dependents for a residence that he or she pays a rent or mortgage, but cannot reside in because it is not in the vicinity of their duty station. The member is considered assigned to Government quarters and is only authorized BAH Partial, or is paying child support, BAH-Diff.

PRIVACY ACT STATEMENT

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard.

Authority - 14 USC Section 632 and 37 USC Section 403a.

Principal Purpose (s) - Used to indicate current housing status and to validate the amount of member's BAH Payment.

Routine Use(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DHS as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The Routine Uses published in the United States Coast Guard Military Pay and Personnel system of records notice applies (DHS/USCG-014.).

Disclosure - Disclosure of this information is voluntary, but without disclosure member may not receive correct payment of BAH.

Member's Signature	Date:	For SPO Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____