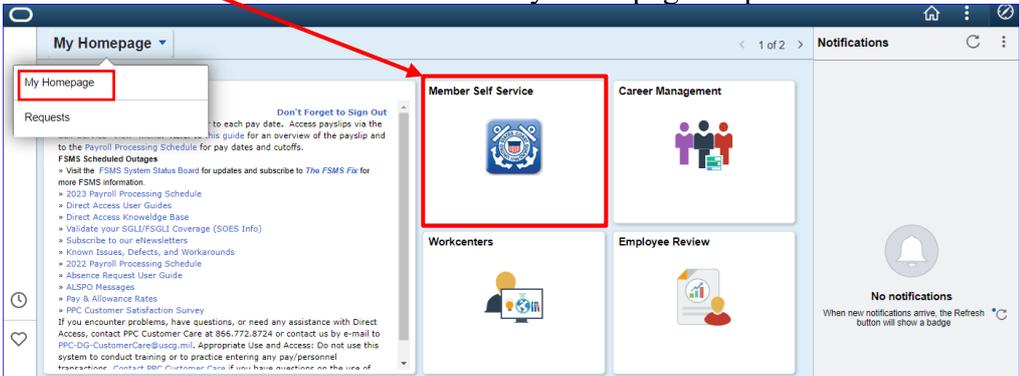
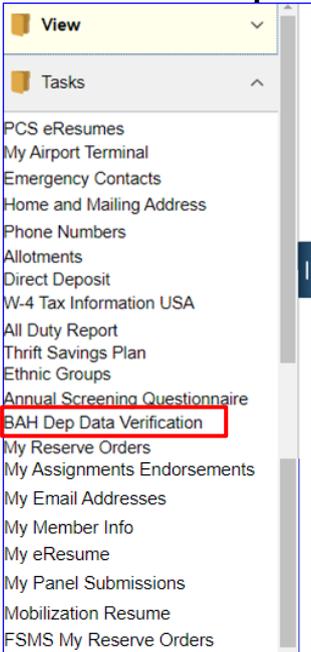


BAH Dependency Data Verification

Introduction This guide provides the procedures for a member to verify their BAH Dependency Data in Direct Access.

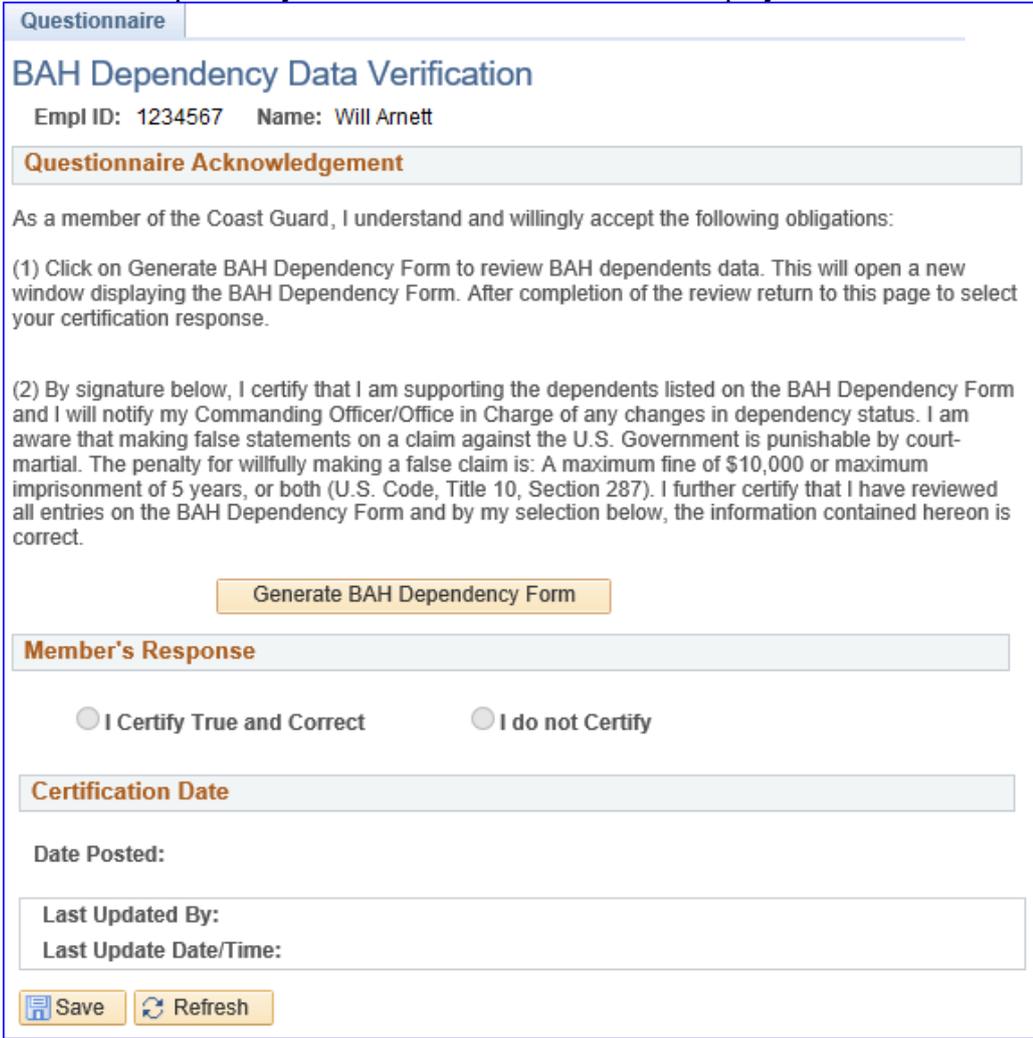
Background In accordance with the [Coast Guard Pay Manual, COMDTINST M7220.29 \(series\)](#), all Active and Reserve members are required to validate their housing allowance entitlement by verifying their BAH/Dependency Data report from Direct Access (DA). Members can now self-certify their own BAH Dependency Data in DA.

Procedures See below.

Step	Action
<p>1</p>	<p>Select Member Self Service from the My Homepage drop-down.</p> 
<p>2</p>	<p>Select the BAH Dep Data Verification option.</p> 

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
3	<p>The BAH Dependency Data Verification screen will display.</p> 

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
4	<p data-bbox="336 495 1326 562">Read the information on the screen, then click Generate BAH Dependency Form.</p> <div data-bbox="336 562 1369 1189" style="border: 1px solid blue; padding: 5px;"> <p data-bbox="352 568 504 595">Questionnaire</p> <hr data-bbox="344 595 1302 600"/> <p data-bbox="344 613 868 651">BAH Dependency Data Verification</p> <p data-bbox="368 663 767 689">Empl ID: 1234567 Name: Will Arnett</p> <p data-bbox="352 707 740 741">Questionnaire Acknowledgement</p> <p data-bbox="344 763 1230 790">As a member of the Coast Guard, I understand and willingly accept the following obligations:</p> <p data-bbox="344 815 1358 893">(1) Click on Generate BAH Dependency Form to review BAH dependents data. This will open a new window displaying the BAH Dependency Form. After completion of the review return to this page to select your certification response.</p> <p data-bbox="344 938 1353 1111">(2) By signature below, I certify that I am supporting the dependents listed on the BAH Dependency Form and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-martial. The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on the BAH Dependency Form and by my selection below, the information contained hereon is correct.</p> <p data-bbox="584 1140 911 1167" style="text-align: center;">Generate BAH Dependency Form</p> </div>

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action																																						
5	<p>The form will open in a new window. Verify all the information is correct. If everything is correct, continue to the next step. If ANY of the information is incorrect, skip to Step 8.</p> <div style="border: 1px solid black; padding: 10px;"> <p>DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD COMPUTER GENERATED</p> <p style="text-align: center;">BAH/DEPENDENCY DATA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">EMPLID 1234567</td> <td style="width: 30%;">NAME Will Arnett</td> <td style="width: 20%;">RATE/RANK First Class Marine Science Tec</td> <td style="width: 30%;">CURRENT DUTY STATION MSU LAKE CHARLES</td> </tr> <tr> <td>SERVICING PERSRU BASE NOLA SPO (PS)</td> <td>MARITAL STATUS Divorced</td> <td colspan="2">DATE OF MARRIAGE</td> </tr> </table> <p>SPOUSE IN SERVICE INFORMATION No</p> <p style="text-align: center;">DEPENDENCY DATA</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 10%;">BAH ELIGIBLE DEPENDENT</th> <th style="width: 10%;">DATE OF BIRTH</th> <th style="width: 10%;">DEPENDENCY DATE</th> <th style="width: 15%;">SOCIAL SECURITY NUMBER</th> <th style="width: 30%;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td>Arnett, Archie</td> <td>Yes</td> <td>2008-03-05</td> <td>2008-03-05</td> <td>123456789</td> <td>Son</td> </tr> <tr> <td>Arnett, Able</td> <td>Yes</td> <td>2005-06-03</td> <td>2005-06-03</td> <td>123456788</td> <td>Son</td> </tr> </tbody> </table> <p style="text-align: center;">FOR CG PAY & PERSONNEL CENTER USE ONLY</p> <p>The dependency status of the following family member(s) has been reviewed by PPC LGL in accordance with the CG Pay Manual, COMDTINST M7220.29(series) The family member(s) listed below are approved for BAH eligibility commencing on the dates(s) indicated:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> </tr> <tr> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> <td>NBR:</td> <td>DATE</td> </tr> </table> <p>PPC APPROVAL SIGNATURE: _____ DATE: _____</p> <p style="text-align: center;">MEMBER'S CERTIFICATION</p> <p>By signature below, I certify that I am supporting the dependents listed above and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-martial. The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on this form and by signature below, the information contained hereon is correct.</p> <p>SIGNATURE OF MEMBER: _____ DATE: _____</p> <p style="text-align: center; font-size: small;">COMPGEN - Previous editions are obsolete.</p> </div>	EMPLID 1234567	NAME Will Arnett	RATE/RANK First Class Marine Science Tec	CURRENT DUTY STATION MSU LAKE CHARLES	SERVICING PERSRU BASE NOLA SPO (PS)	MARITAL STATUS Divorced	DATE OF MARRIAGE		NAME	BAH ELIGIBLE DEPENDENT	DATE OF BIRTH	DEPENDENCY DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP	Arnett, Archie	Yes	2008-03-05	2008-03-05	123456789	Son	Arnett, Able	Yes	2005-06-03	2005-06-03	123456788	Son	NBR:	DATE										
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BAH Dependency Data Verification, Continued

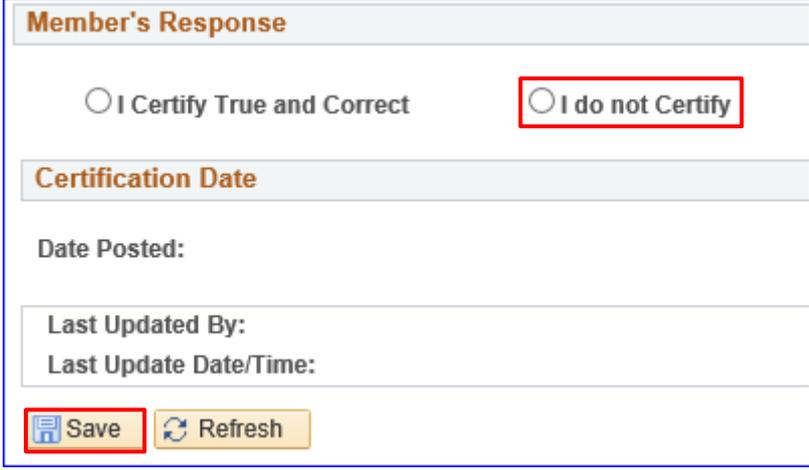
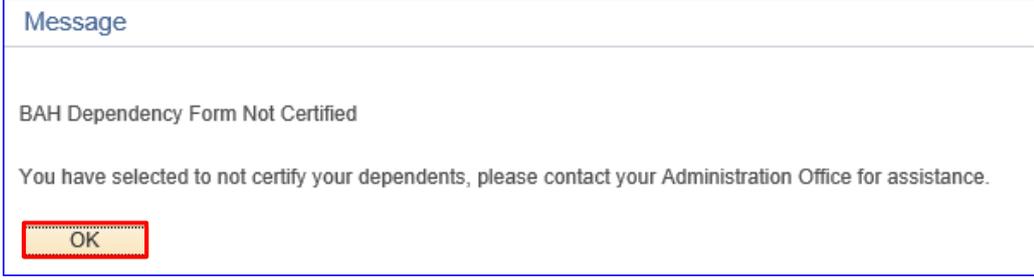
Procedures,
continued

Step	Action
6	<p>Now that the form has been generated, the radio buttons are enabled. Since all of the information on the form was correct, select the I Certify True and Correct radio button, then click Save.</p> <div data-bbox="336 595 1145 1064" style="border: 1px solid blue; padding: 5px;"> <p>Member's Response</p> <p><input type="radio"/> I Certify True and Correct <input type="radio"/> I do not Certify</p> <hr/> <p>Certification Date</p> <p>Date Posted:</p> <hr/> <p>Last Updated By:</p> <p>Last Update Date/Time:</p> <p><input type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>
7	<p>The Date Posted, Last Updated By and Last Update Date/Time fields will populate. Your BAH Dependency Data Verification is complete. Click the Home icon () to return to your home screen.</p> <div data-bbox="336 1220 1120 1700" style="border: 1px solid blue; padding: 5px;"> <p>Member's Response</p> <p><input checked="" type="radio"/> I Certify True and Correct <input type="radio"/> I do not Certify</p> <hr/> <p>Certification Date</p> <p>Date Posted: 08/18/2020</p> <hr/> <p>Last Updated By: 1234567 Will Arnett</p> <p>Last Update Date/Time: 08/18/2020 3:22:35PM</p> <p><input type="button" value="Save"/> <input type="button" value="Refresh"/></p> </div>

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BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
8	<p>If ANY of the information on the form is incorrect, select the I do not Certify radio button, then click Save.</p>  <p>The screenshot shows a form titled "Member's Response" with two radio buttons: "I Certify True and Correct" and "I do not Certify". The "I do not Certify" button is selected and highlighted with a red box. Below the radio buttons is a "Certification Date" section with a "Date Posted:" label. At the bottom, there are "Last Updated By:" and "Last Update Date/Time:" labels, and two buttons: "Save" (highlighted with a red box) and "Refresh".</p>
9	<p>This error message will display telling you to contact your Admin Office to get the information corrected. Click OK.</p>  <p>The screenshot shows a message box with the title "Message". The text inside reads: "BAH Dependency Form Not Certified" followed by "You have selected to not certify your dependents, please contact your Administration Office for assistance." At the bottom, there is an "OK" button highlighted with a red box.</p>

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
<p>10</p>	<p>The Date Posted, Last Updated By and Last Update Date/Time fields will populate.</p> <div data-bbox="336 560 1131 1016" style="border: 1px solid blue; padding: 5px;"> <p>Member's Response</p> <p> <input type="radio"/> I Certify True and Correct <input checked="" type="radio"/> I do not Certify </p> <p>Certification Date</p> <p>Date Posted: 08/18/2020</p> <p> Last Updated By: 7654321 Amy Poehler Last Update Date/Time: 08/18/2020 3:34:28PM </p> <p> <input type="button" value="Save"/> <input type="button" value="Refresh"/> </p> </div>
<p>11</p>	<p>Once the appropriate BAH Dependency Data has been corrected in Direct Access, repeat Steps 1-7.</p>
