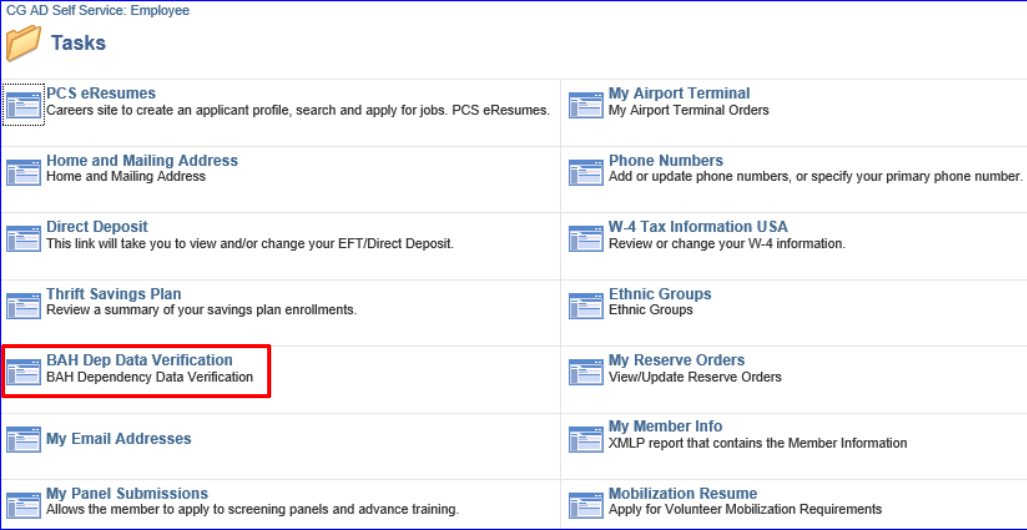


BAH Dependency Data Verification

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.

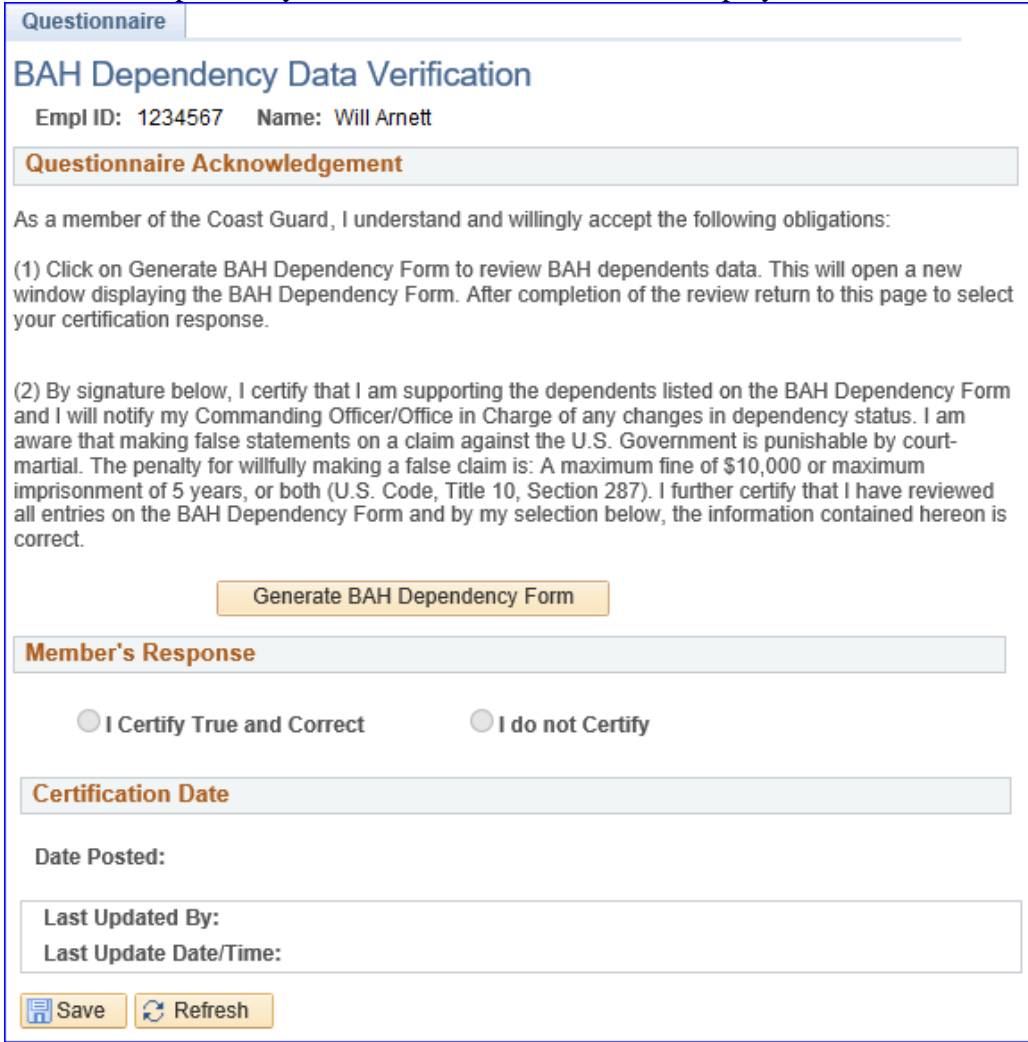
Procedures See below.

| Step | Action |
|-----------------|---|
| <p>1</p> | <p>Click 11 more... from the Tasks column in the Employee pagelet.</p>  <p>The screenshot shows the 'Employee' pagelet with a 'Tasks' column on the left and a 'View' column on the right. The '11 More...' link at the bottom of the 'Tasks' column is highlighted with a red box.</p> |
| <p>2</p> | <p>Click BAH Dep Data Verification.</p>  <p>The screenshot shows the 'CG AD Self Service: Employee' page with a 'Tasks' section. A grid of task cards is displayed, and the 'BAH Dep Data Verification' card is highlighted with a red box.</p> |

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BAH Dependency Data Verification, Continued

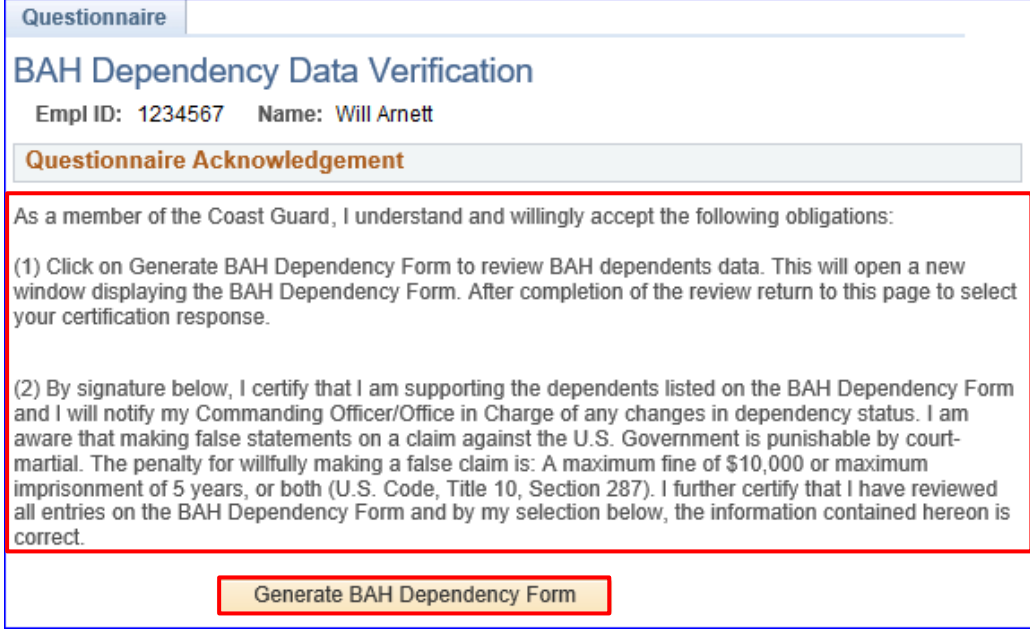
Procedures,
continued

| Step | Action |
|------|---|
| 3 | <p>The BAH Dependency Data Verification screen will display.</p>  <p>Questionnaire</p> <h2>BAH Dependency Data Verification</h2> <p>Empl ID: 1234567 Name: Will Arnett</p> <p>Questionnaire Acknowledgement</p> <p>As a member of the Coast Guard, I understand and willingly accept the following obligations:</p> <p>(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>(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>Generate BAH Dependency Form</p> <p>Member's Response</p> <p><input type="radio"/> I Certify True and Correct <input type="radio"/> I do not Certify</p> <p>Certification Date</p> <p>Date Posted:</p> <p>Last Updated By: Last Update Date/Time:</p> <p>Save Refresh</p> |

Continued on next page

BAH Dependency Data Verification, Continued

Procedures,
continued

| Step | Action |
|------|--|
| 4 | <p>Read the information on the screen, then click Generate BAH Dependency Form.</p>  <p>The screenshot shows a web form titled "BAH Dependency Data Verification". At the top, it displays "Empl ID: 1234567" and "Name: Will Arnett". Below this is a section titled "Questionnaire Acknowledgement" which contains the following text:</p> <p>As a member of the Coast Guard, I understand and willingly accept the following obligations:</p> <p>(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>(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>At the bottom of the form is a button labeled "Generate BAH Dependency Form".</p> |

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;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 10%;">BAH ELIGIBLE DEPENDENT</th> <th style="width: 15%;">DATE OF BIRTH</th> <th style="width: 15%;">DEPENDENCY DATE</th> <th style="width: 15%;">SOCIAL SECURITY NUMBER</th> <th style="width: 20%;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td>Arnett, Archie</td> <td style="text-align: center;">Yes</td> <td>2008-03-05</td> <td>2008-03-05</td> <td>123456789</td> <td style="text-align: center;">Son</td> </tr> <tr> <td>Arnett, Able</td> <td style="text-align: center;">Yes</td> <td>2005-06-03</td> <td>2005-06-03</td> <td>123456788</td> <td style="text-align: center;">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 date(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 | NBR: | DATE | NBR: | DATE | NBR: | DATE | NBR: | DATE | NBR: | DATE |
| 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 | NBR: | DATE | NBR: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NBR: | DATE | NBR: | DATE | NBR: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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BAH Dependency Data Verification, Continued

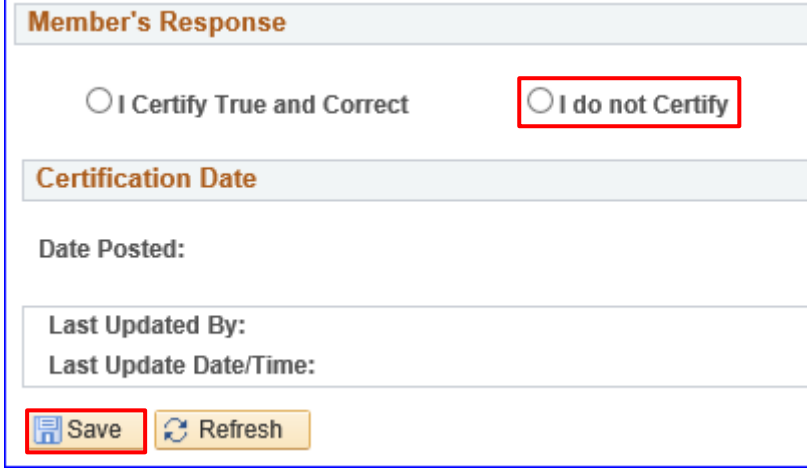
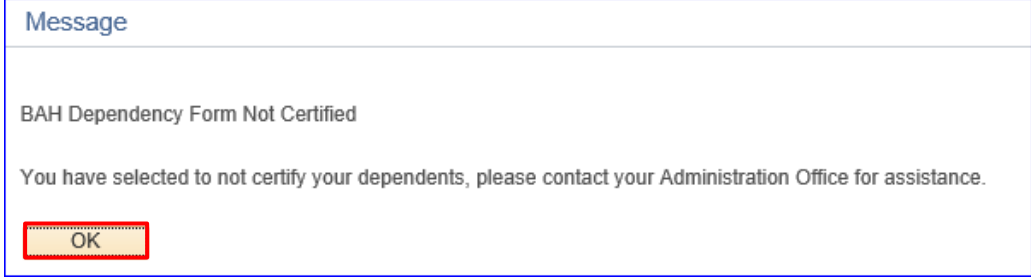
Procedures,
continued

| 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 1066" 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 1223 1120 1702" 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>  |
| 9 | <p>This error message will display telling you to contact your Admin Office to get the information corrected. Click OK.</p>  |

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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="336 557 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> <hr/> <p>Certification Date</p> <p>Date Posted: 08/18/2020</p> <hr/> <p>Last Updated By: 7654321 Amy Poehler</p> <p>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> |
