

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**FAMILY STABILITY ACT BAH/HOUSING WORKSHEET**

Purpose: To request housing flexibility options for certain members with dependents to support the advanced or delayed travel of dependents for specific reasons during the covered relocation period while undergoing a permanent change of station (PCS) within the United States.

|                                  |                     |                  |
|----------------------------------|---------------------|------------------|
| <b>1. Name (Last, First, MI)</b> | <b>2. Rank/Rate</b> | <b>3. EMPLID</b> |
|----------------------------------|---------------------|------------------|

|  |   |
|--|---|
| <b>4. Current U.S. Permanent Duty Station (PDS)/Zip Code</b> | <b>5. PCS Order issued to U.S. PDS/Zip Code</b> |
|--|---|

**6. Covered Relocation Period:** The covered relocation period begins 180 days before the effective PCS departure date from the permanent duty station (PDS), and ends 180 days after the PCS departure date.

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|--|------------------------------------|
| a. My PCS departure date is: _____   | b. My PCS reporting date is: _____ |
| c. My covered relocation date period is from _____ to _____<br><span style="font-size: small; text-align: center;">(180 days before PCS departure date) (180 days after PCS departure date)</span> |                                    |

**7. Family Flexibility request is based on:**  
*(Submit applicable employment, educational, special needs, or health care documents supporting the request.)*

|  |  |
|--|--|
|  | a. My spouse is gainfully employed or enrolled in a degree, certificate, or license granting program at the beginning of my covered relocation period. |
|  | b. One or more of my dependent(s) are attending an elementary or secondary school at the beginning of my covered relocation period.                    |
|  | c. One or more of my dependents is enrolled in the Coast Guard Special Needs Program.  |
|  | d. An immediate family member with a chronic or long-term illness who is in my care at the beginning of my covered relocation period.                  |

**8. Current Basic Allowance for Housing (BAH)/Housing Authorization:**

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|--|--|
|  | a. Receiving BAH for my current PDS zip code.  |
|  | b. BAH Rate Protection ( <i>*attach copy of authorization</i> ). Currently receiving BAH based on my ( <i>select one</i> ):<br>Dependent location zip code: _____ Previous PDS zip code: _____ |
|  | c. Assigned to Gov't owned or leased family housing.   |

**9. My dependents will:**

|  |  |
|--|--|
| a. Perform advanced travel to my new PDS or a new dependent location and will ( <i>select one</i> ): | <input type="checkbox"/> Reside in private sector housing.<br><input type="checkbox"/> Receive early assignment to Gov't owned/leased family housing. ( <i>skip block 10</i> )<br>Effective Assignment Date: _____ |
| b. Perform delayed travel to my new PDS or dependent location and will ( <i>select one</i> ):        | <input type="checkbox"/> Continue to reside in private sector housing.<br><input type="checkbox"/> Continue assignment to Gov't owned/leased family housing. ( <i>skip block 10</i> )                              |

**10. If residing in private sector housing, request BAH based on my:**

|  |  |
|--|--|
|  | a. New PDS location ( <i>advanced travel</i> ). Attach release from assignment to Gov't housing at new PDS.<br>Dependent's arrival date at new PDS: _____ PDS Zip Code: _____<br>Dependent's Address/Zip Code: _____   |
|  | b. New Dependent location ( <i>advanced travel</i> ).<br>Dependent's arrival date at new location: _____<br>Dependent's Address/Zip Code: _____  |
|  | c. Dependent location ( <i>delayed travel</i> ). The dependents location when the member departs for the new PDS-only for the period of time the dependents reside at that location.<br>Dependent's Address/Zip Code: _____  |
|  | d. Former Permanent Duty Station location (only if that area is different from the area in which the spouse or other dependent resides. The dependent remained in the residence shared with the member, and the member was making a daily commute to and from their former PDS.) |

**11. Member's remarks (if needed):**

**12.** I have reviewed and understand the Family Stability Act policy. I certify the information entered is correct to the best of my knowledge. I understand that if my eligibility expires for any reason during the covered relocation period, the period is terminated and my BAH is paid (if authorized BAH) where I am assigned on the expiration date. I understand that when I depart my duty station, and the dependents that are the basis of the eligibility do not arrive at my new duty within the covered relocation period, my housing allowance (BAH) is paid (if authorized BAH) at the new PDS location rate beginning the day after the relocation period ends. I am responsible for reporting any suspected BAH over payments to my command P&A official for correction and collection. I understand it is my responsibility to report to my P&A office the date my dependents arrive at the new PDS (under delayed travel) or if a relocation occurs from the residence for which this BAH Flexibility is based on.

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|---------------------------|-------------|
| Member's Signature: _____ | Date: _____ |
|---------------------------|-------------|

**13. Command Certification.** This request was reviewed thoroughly and meets the eligibility criteria of the Family Stability Act and related regulations. Supporting documents attached.

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|--|-----------|------|
| Command Authorizing Official ( <i>E-6 and above</i> ) ( <i>type name</i> ) | Signature | Date |
|--|-----------|------|

**14. Submit worksheet and copy of final PCS order (indicating dependents travel intentions) to CG Personnel Service Center (PSD-FS):**

1. E-mail to: [ARL-PF-CGPSC-PSDFS-BAH@uscg.mil](mailto:ARL-PF-CGPSC-PSDFS-BAH@uscg.mil)
2. Mail: Commander CG Personnel Service Center  
Attn: PSC-PSD-FS  
U. S. Coast Guard Stop 7200  
2703 Martin Luther King Jr. Ave SE  
Washington, DC 20593-7200
3. Fax: (202) 372-8488

Questions/comments, send email to: [ARL-PF-CGPSC-PSDFS-BAH@uscg.mil](mailto:ARL-PF-CGPSC-PSDFS-BAH@uscg.mil)

**15. CG PSC-PSD-FS Action.** Approved to authorize payment of BAH based on the:

|   |
|---|
| a. New PDS location ( <i>advanced travel</i> ).<br>PDS Zip Code: _____ Effective date: _____                            |
| b. New Dependent location ( <i>advanced travel</i> ).<br>Zip Code: _____ Effective date: _____ *Termination date: _____ |
| c. Dependent location ( <i>delayed travel</i> ).<br>Dependent's Zip Code: _____ *Termination date: _____                |
| d. Former PDS ( <i>delayed travel</i> ).<br>Zip Code: _____ *Termination date: _____                                    |

\* Termination date is the end of the 180 day covered relocation period, unless eligibility expires sooner as explained in block 12.

**16. CG PSC-PSD-FS Housing Action.** Approved to authorize the following:

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|---|
| a. Continued assignment to Gov't owned/leased family housing at current PDS. *Termination date: _____ |
| b. Early assignment to Gov't owned/leased family housing at new PDS. Assignment date: _____           |

CG-7220H e-mailed to the member and SPO to execute BAH payment as indicated above and to file in section three of the SPO PDR.

**17. Denied** (*reason for denial explained below*)

CG PSC-PSD-FS shall return the signed form to the member and command that originated the request.

|   |           |      |
|---|-----------|------|
| PSC Authorizing Official ( <i>type name</i> ) | Signature | Date |
|---|-----------|------|

### Privacy Act Statement

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 - 10 USC Section 2771, Principal Purpose(s) - In accordance with the Family Stability Act used to indicate a member's Basic Allowance for Housing (BAH) or Gov't housing assignment intentions during the covered relocation period to their new duty station. Routine Uses - Same. Disclosure - Disclosure of this information if voluntary, but without disclosure the member's request may not be approved.

### INSTRUCTIONS FOR COMPLETING THE FAMILY STABILITY ACT BAH/HOUSING WORKSHEET (CG-7220H)

#### Glossary:

**Covered Relocation Period:** The covered relocation period begins 180 days before the date of the PCS, which is the date the member departs the current PDS, and ends 180 days after the PCS departure date.

**United States:** The 50 States and the District of Columbia.

#### General:

**Member:** Complete blocks 1 thru 12. Read the instructions carefully when completing.

**Command certification and submission to CG PSC-PSD-FS:** Blocks 13 and 14.

**CG PSC-PSD-FS determination:** Complete block 15, 16, or 17.