

DEPARTMENT OF HOMELAND SECURITY
Housing Allowance Protection Worksheet

Purpose: Request to CG PSC-PSD-FS to base BAH/OHA on a location other than the permanent duty station (PDS).

1. EMPLID	2. Name (last, first, MI)	3. Rank/Rate	4. Current PDS
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5. PCS order received to:

6. My dependency status is (select only one): (W/depns = With dependents, WO/depns = Without dependents)

_____ W/depns / _____ W/depns (My spouse is on active duty and I claim our BAH eligible dependent(s))

_____ WO/depns (I am a single member and have no dependents)

_____ WO/depns (I am a single member and my housing allowance is based on the payment of child support)

_____ WO/depns (My spouse is on active duty and he or she claims our eligible dependent(s) for BAH)

_____ WO/depns (My spouse is on active duty and we have no BAH eligible dependent(s))

7. My current housing allowance entitlement is (see Leave and Earning Statement):

_____ BAH or OHA With Dependents / _____ BAH Without Dependents / _____ BAH Partial

_____ BAH or OHA With Dependents Based on Payment of Child Support

_____ BAH DIFF (Assigned to Coast Guard or Dept. of Defense (DoD) owned/leased quarters)

_____ Not receiving BAH or OHA due to assignment to CG or DoD owned/leased type quarters

8. MUST BE COMPLETED. Type of PCS order or other authorization received:

_____ To a local unit or vessel issued with no PCS entitlements (CG Pay Manual, Ch. 3, sec. C-4)

_____ To an Unusually Arduous Sea Duty Vessel (WHEC, WMEC, WAGB, or a commissioned WMSL class cutter)* (CG Pay Manual, Ch. 3, sec. C-5) (See Note 1)

_____ To a unit or military housing area (MHA) designated a Critical Housing Area* (CG Pay Manual, Ch. 3, sec. C-6)

_____ To Professional Education or Training for at least 20 weeks and less than 12 months in duration* (See COMDT COGARD Washington, DC 312108Z Jul 03/ALCOAST 358/03))

_____ To a OCONUS PDS and electing the "unaccompanied" tour (See Notes 2 and 3)

_____ To a Dependent-Restricted PDS (including PATFOR SWA & PATFOR SWA/Mobile Unit/Cutters)* (See Notes 1 and 2)

_____ Stationed OCONUS and acquired a dependent(s) that does not reside at or in the vicinity of my OCONUS PDS (CG Pay Manual, Ch. 3, sec. G-3)

_____ PCS order with entitlements, but I am enrolled in the Special Needs Program (See Note 4)

***Members authorized a housing allowance based solely on the payment of child support cannot request BAH for a designated place of dependents.**

Early Return of Dependents (ERD) complete and submit:
 CG-2026, OCONUS Early Return of Dependents (ERD) – Request for TONO/LOA

9. Rate Protection Requested for (select only one): _____ Previous PDS / _____ Designated place of dependents
 Note: For OCONUS (non-BAH payable) areas, only a designated place of dependents can be requested.

Note 1: BAH rate protection is not authorized if the member relocates any of their dependents to the vessel's home port.

Note 2: Family Separation Housing (FSH) allowance eligibility will be determined by the OCONUS command.

Note 3: To request BAH for the previous PDS, the member's/dependents residence must be within a reasonable commuting distance (RCD) standard to the previous PDS (See CG Pay Manual, Ch. 3, sec. C-4.b). If the residence is not within the RCD standard, BAH may be based on the dependents location. If the previous PDS and dependents residence are in an OHA payable location, OHA cannot be based on a previous PDS, only for the dependents location.

Note 4: CG PSC-PSD-FS will forward the CG 2025A and supporting documentation to COMDT (CG-1121) requesting verification of enrollment in the Special Needs Program and if facilities and services are available at the new PDS area. COMDT (CG-1121) can make determinations on medical situations, but not educational situations.

10. Current residence			
Address			
Town/City	State/Country	Zip Code	If with dependents, do your dependents presently reside with you at this address? YES NO
11. If BAH or OHA is requested for a designated place of dependents, the address and effective date my dependents will be residing at this address (if different from above address):			
Address			
Town/City	State/Country	Zip Code	Effective date my dependents will reside at this address
Note: BAH or OHA for a designated place of dependents cannot be requested if the member's housing allowance is based on the payment of child support.			
12. Travel information from residence to current and new duty station locations.			
The round-trip travel from my residence location to my current duty station (PDS) is _____ miles, and a travel time of _____ hour(s) and _____ minutes. The round-trip travel from my residence location to my new duty station (PDS) is _____ miles, and a travel time of _____ hour(s) and _____ minutes.			
Note: Unless the type of PCS order received can be approved to base BAH or OHA on a designated place of dependents, do not submit this worksheet if a residence relocation will be made either before or after reporting to the new duty station.			
13. Remarks: (If necessary, continue remarks on a separate document and submit with the worksheet).			
<p>Member's Initials _____: Application for BAH rate protection is based on the information entered on this worksheet, and I certify that the information is correct to the best of my knowledge. If approved for rate protection by CG PSC-PSD-FS, I understand rate protection remains in effect until I execute a PCS from my permanent duty station, retire, resign, discharge, my dependency status changes, or I and/or my dependents (if with dependents) relocate my/their residence out of the Military Housing Area (MHA), or town/city location, for which BAH protection is authorized. I will promptly notify my Servicing Personnel Office (SPO) if any of these actions occur. I further understand that after reporting to my duty station, if the BAH rate for my duty station becomes higher than the rate I am protected at, I may not submit another request to CG PSC-PSD-FS to have my BAH rate changed to my current duty station.</p>			
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) – Used to indicate member's intentions during travel to next permanent duty station. Routine Uses – Same. Disclosure – Disclosure of this information if voluntary, but without disclosure the member's request may not be approved.			
	Date	Submitting worksheet to CG Personnel Service Center (PSD-FS):	
Member Signature		1. Scan/E-mail to: <u>ARL-PF-CGPSC-PSDFS-BAH@uscg.mil</u>	
	Date	2. Mail: COMMANDER (PSD-FS) PERSONNEL SERVICE CENTER US COAST GUARD STOP 7200 4200 WILSON BLVD STE 1100 ARLINGTON, VA 20598-7200	
Command Signature (E-6 or above)		3. Fax: (202)493-1939	
Command Title:		Questions/comments, send E-mail to: <u>ARL-PF-CGPSC-PSDFS-BAH@uscg.mil</u>	
Unless determined necessary, submission of a memo with this worksheet is not required.			