U.S. DEPARTMENT OF HOMELAND SECURITY U. S. Coast Guard CG-2075 (Rev 01-12)	FAMILY SUBSISTENCE SUPPLEMENTAL ALLOWANCE (FSSA) APPLICATION

Privacy Act Statement

AUTHORITY: 5 USC 5702, 37 USC 404-427, and EO 9397. **PRINCIPAL PURPOSE(S):** Used Reviewing, approving, accounting, and disbursing for FSSA. Employee Identification Number (EMPLID) is used to maintain a numerical identification system for individual claims. **ROUTINE USE(S):** To substantiate claims for reimbursement of FSSA. **DISCLOSURE:** Voluntary. However, failure to furnish information requested may result in total or partial denial of FSSA.

SECTION 1 Personal Information

Name: Rank: EMPLID:

Command Zip Code: Work Phone: Home Phone:

Home Address:

Number in Household: (including member) Monthly Food Stamp Entitlement (if any): $

SECTION 2 Financial Statement (Income is based on the member & household gross monthly income. All income should be reported as a gross monthly income. If the income is received other than monthly please average so that it is reported as a monthly amount)

9. MILITARY INCOME

A.	Basic Pay	(from block 25 of your LES or the Earnings column of the DA View Paycheck)	
B.	BAS	(enter the ENL BAS amount from block 25 of your LES or the Earnings column of the DA View Paycheck)	
C.	BAH	(if not assigned to gov't quarters, enter the BAH amount from block 25 of your LES or the Earnings column of the DA View Paycheck; if assigned gov't quarters, enter BAH amount you would receive if living on the economy)	
D.	OHA	(amount of OHA shown in block 25 of your LES or the Earnings column of the DA View Paycheck; if not receiving OHA because you are in gov't quarters, enter the monthly OHA rental ceiling amount + the monthly utility/recurring maintenance allowance amount)	
E.	Special Pay &/or Allowances	(all other income in block 25 of your LES or the Earnings column of the DA View Paycheck, except Clothing Allowances, Family Separation Allowance, Imminent Danger Pay, Overseas Cost of Living Allowance, and INCONUS Cost of Living Allowance)	
F.	Military Bonus	(Total Bonus Amount divided by number of months of enlistment/reenlistment/extension the bonus was paid for)	
G.		**TOTAL MIL PAY:**	$0.00

10. OTHER INCOME (includes income received by any person residing in the household and income of the military member from a second job)

LAST NAME	FIRST NAME	MI	SSN or TIN	AGE	EMPLOYER	MONTHLY INCOME*
					Sub Total of Other Income	$0.00

*Note: Gross Income before taxes and other deductions. If paid weekly, multiply weekly amount by 4.3; if paid bi-weekly, multiply by 2.15; if paid semi-monthly multiply by 2.

Continued on Reverse →

11. OTHER INCOME (continued)

A.	TOTAL MIL PAY (Block 9.G.)	$0.00
B.	SUB TOTAL (Block 10)	$0.00
C.	SSI (Supplemental Security Income)	$
D.	DIS (Disability Insurance)	$
E.	TANF (Temporary Assistance for Needy Families)	$
F.	Pension	$
G.	Worker's Compensation	$
H.	Social Security	$
I.	UI UCX (Unemployment Compensation)	$
J.	Veteran's Pay	$
K..	Alimony	$
L.	Child Support	$
M.	Interest/Dividends	$
N.	Rental Property	$
O.	Other (explain):	$
12.	**TOTAL GROSS INCOME** (Add Blocks 11.A through 11.O.)	**$** $0.00

SECTION 3 FSSA Calculation

13. HOUSEHOLD SIZE 0 (From Section 1)

14. **USDA Gross Monthly Income Eligibility Limits** (130% table) 1 October 2011 - 30 September 2012

Choose an amount, based on household size and location, from the table below and enter it here →

The member is counted as part of the household. Members of the household include the member's spouse, any children of the member living in the household who are 21 years of age or younger, and other children (excluding foster children) under 18 years of age who live with and are under the parental control of the member. For members with joint custody of a child, that child may by counted during any month the child spends 50 percent or more of the time with the member. The 48 States table shall be used by members assigned INCONUS. The Hawaii table shall be used by members assigned to Hawaii. The Alaska table shall be used by members assigned to all overseas locations except Hawaii. The tables are updated at the beginning of the fiscal year. This form will be updated at that time.

Household Size	48 States [1]	Alaska	Hawaii
1	$1,180	$1,474	$1,359
2	1,594	1,992	1,835
3	2,008	2,509	2,310
4	2,422	3,027	2,786
5	2,836	3,545	3,261
6	3,249	4,063	3,737
7	3,663	4,581	4,212
8	4,077	5,099	4,688
Each Additional Member	+414	+518	+476

[1] *Includes District of Columbia, Guam, and the Virgin Islands*

15. Gross Income (Block 12) **If Block 12 exceeds Block 14, you don't qualify for FSSA.** $0.00

16. Initial FSSA Calculation (Block 14 minus Block 15 --) **A negative number, displayed in parentheses ( ), means your total gross income exceeds the USDA income limit. You are NOT entitled to FSSA.**

17. Monthly Food Stamp Allotment (if applicable -- from Section 1)

18. FINAL FSSA ENTITLEMENT (rounded up to the nearest whole dollar**)(**If block 16 exceeds Block 17, enter either the amount from 16 or $1,100, whichever is less. If Block 17 exceeds Block 16, and Block 16 is more than $0, enter the amount from Block 17 or $1,100 whichever is less. If Block 16 is not more than $0, you are not entitled to FSSA**):** **$**

If entitled to FSSA, complete Section 4, Member' Certification (on the next page) and forward all three pages to PPC (MAS)

SECTION 4: Member's Certification

Responsibilities of the Member

Once certified, and during the participation in the program, any subsequent significant changes in household income (of $100 or more per month) or number of people living in the household, must be reported to the certifying official for re-certification. Failure to do so could result in disciplinary action.

I certify that the above information provided is true and accurate to the best of my knowledge.

_____ _____

Date Signature, rank of Applicant

SECTION 5: Distribution Instructions

Submission of the FSSA application can be done by:

- **E-mail to PPC-DG-customercare@uscg.mil (Save file as "*yourlastname*.pdf" to your desktop, then attach the file to an e-mail message addressed to PPC-CustomerCare, Subject: FSSA Application)**
- **Fax to (785) 339-3760**
- **Mail to: Commanding Officer (MAS)**
  Coast Guard PPC
  444 SE Quincy
  Topeka, KS 66683-3593

A signed FSSA application form shall be supplied to the SPO by the member, and shall be filed in Section 4 of the SPO PDR.