DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

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	**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 Statement of Semi-Monthly Income, CG-5209-ACT)*:

☐ BAH/OHA With Dependents / ☐ BAH/OHA Without Dependents / ☐ BAH Partial

☐ BAH or OHA With Dependents Based on Payment of Child Support ***(See note)***

☐ BAH Differential *(Assigned to Coast Guard or Dept. of Defense (DoD) owned/leased quarters)* ***(See note)***

☐ Not receiving BAH or OHA. Assigned to CG or DoD owned/leased type quarters

Note: Cannot request BAH or OHA for a designated dependent location.

8. BAH rate protection request *(Must be completed/select only one block)*:

☐ To a local unit without PCS entitlements (CG Pay Manual, Ch. 3, sec. C.4) **(See Note 1)**	☐ Unusually Arduous Sea Duty Vessel (WHEC, WMEC, WAGB, or a commissioned WMSL class cutter) (CG Pay Manual, Ch. 3, sec. C.5) **(See Notes 2 and 3)**
☐ Military Housing Area (MHA), CG unit, or geographic location designated a Critical Housing Area (CHA) (CG Pay Manual, Ch. 3, sec. C.6) **(See Notes 2 and 3)**	☐ Professional Education or Training for at least 20 weeks and less than 12 months in duration (CG Pay Manual, Ch. 3, sec. C.7) **(See Note 3)**
☐ OCONUS PDS and electing the unaccompanied tour (CG Pay Manual, Ch. 3, sec. G.2.b.(2)) **(See Notes 3 and 4)**	☐ OCONUS Dependent-Restricted PDS (CG Pay Manual, Ch. 3, sec. G.2.b.(2)) **(See Notes 3 and 4)**
☐ Stationed at an OCONUS PDS and acquired a dependent(s) that does not reside at or in the vicinity of the OCONUS PDS (CG Pay Manual, Ch. 3, sec. G.3) **(See Note 4)**	☐ To Patrol Forces Southwest Asia (PATFOR SWA), PATFOR SWA/Mobile Unit/ Cutters, or other Persian Gulf area permanent duty station **(See Note 5)**

9. BAH rate protection location request for *(select only one)*:

☐ Previous Duty Station. **Note**: If the PCS is to a local unit issued without PCS entitlements, the residence must be within the reasonable commuting distance (RCD) standard to both the previous and new duty station.

☐ Designated Dependent Location. **Note:** Complete block 11 if moving dependents to a designated place. BAH/OHA will be based on the dependent's designated place.

Note: In an OHA payable area the housing allowance can only be requested for a dependent location.

Note 1: Submission of a CG-2025A is not required if the PCS is from and to units that are located in the same military housing area, individual rate protection (unless otherwise terminated) applies on the PCS reporting date to the new unit.

Note 2: BAH rate protection is not authorized if the member's intention is to relocate any of their dependents to the vessel's home port, or if a critical housing area, to the designated CHA unit or MHA.

Notes 3, 4 and 5 on next page.

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Note 3: Only applicable to members with dependents. To request BAH for the previous duty station, the member's and dependent's residence must be within the reasonable commuting distance (RCD) standard to the previous PDS (CG Pay Manual, Ch. 3, sec. C.4.b). If the residence is not within the RCD standard, BAH may be based on the member/dependent residence if the member **is not** moving their dependents to a designated place at government expense.

Note 4: Family Separation Housing (FSH) allowance authorization will be determined by completing the Family Separation Housing (FSH) Allowance worksheet (CG-7220). FSH is not authorized when assigned to sea duty because shipboard quarters are available.

Note 5: BAH for the previous duty station *(if higher than dependent location)* may be requested if the member's residence is beyond the RCD to the PDS, but the member resides with their dependents at this residence and commutes daily to the PDS.

10. Current residence *(complete all blocks)*

Address			
Town/City	State/Country	Zip Code	If with dependents, do your dependents presently reside with you at this address? ☐ YES ☐ NO

11. If moving dependents to a designated place, enter the complete address the dependent(s) will be moving to (*if different from above dependent address)* (*complete all blocks)*

Address			
Town/City	State/Country	Zip Code	Effective dependents residency date

12. Travel information from residence to current and new duty station locations. Do not complete this section if with dependents and relocating dependents to a designated place.

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 page and submit with the worksheet).***

Member's Initials _____ : Application for BAH rate protection is based on the information entered on this worksheet. I certify that the information is correct to the best of my knowledge. If CG PSC (psd-fs) approves rate protection for either my previous duty station or a dependent location, I understand protection remains in effect until I execute a PCS from my permanent duty station, retire, resign, discharge, divorce *(if currently married)*, my dependency status changes from with dependents to without dependents, or without dependents to with dependents, 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 cannot submit another request to CG PSC (psd-fs) to have my BAH rate changed to my current duty station.

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 request BAH/OHA be based on a location other than the member's permanent duty station. **Routine Uses** - Same. **Disclosure** - Disclosure of this information if voluntary, but without disclosure the member's request may not be approved.

Member Signature	**Date**	**Submit worksheet to CG Personnel Service Center (psd-fs):**
Signature		**1. Scan and E-mail to: 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**
Command Signature (E-6 or above)	**Date**	
Signature	**Command Title**	**3. Fax: (202) 372-8488** **Questions/comments, send E-mail to:** **ARL-PF-CGPSC-PSDFS-BAH@uscg.mil**

Unless determined necessary, submission of a memo with this worksheet is not required.

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