



DMNA SAD BAH and COLA Authorization Form (SAD COLA geographical areas are set to DOD CONUS COLA locations)				MISSION	
1. NAME (Last, First, MI)		2. LAST FOUR OF SSN	3. GRADE	JTFES	CPC
				MEBS	OTHER
				<i>ADMIN USE ONLY</i>	
4. TYPE OF ACTION BEING REQUESTED (MARK ONLY ONE)				5. ON/ \ 77U @ @ V) ° u- (M/DD/YYYY)	
START	RECERTIFICATION	CHANGE	STOP		
6. SAD DUTY LOCATION (Include Unit, City, State, and Zip Code)			7. DEPENDENCY STATUS		
			WITH DEPENDENTS	WITHOUT DEPENDENTS	
8. MARITAL STATUS					
SINGLE	MARRIED (complete (a), (b) & (c))		DIVORCED (complete (a), (b), & (c))		LEGALLY SEP ° RATED (complete (a), (b), & (c))
(a) DATE OF MARRIAGE, DIVORCE, OR SEP ° RATION		(b) IS SPOUSE/FORMER SPOUSE A SM?	(c) ARE THEY RECEIVING BAH WITH DEPENDENTS		
9. CHILDREN					
YES (CUSTODIAL)	YES (NON CUSTODIAL)		NONE		
10. DEPENDENTS (Continue on back if required)					
NAME OF DEPENDENT		RELATIONSHIP	DOB OF CHILDREN	NAME OF DEPENDENT	
				RELATIONSHIP	DOB OF CHILDREN
11. SERVICE MEMBER CERTIFICATION					
<p>I certify all information regarding this authorization is correct. I will notify my SAD and Unit of assignment chains of command of any changes in the information above due to divorce, marriage, death etc, which could affect my BAH and/or COLA allowance. I hereby certify all enclosed documentation is accurate, valid and pertains to my current dependency status. IMPORTANT: Making a false statement, claim or falsification of documentation will result in the loss of BAH and COLA allowance, possible separation from the SAD mission and may be subject to prosecution as allowable by law. I understand the State has the authority to recoup all monies which have been fraudulently obtained through a false claim and/or false statements in connection with BAH and COLA allowances.</p>					
SIGNATURE OF SERVICE MEMBER			DATE		
12. MISSION PERESONNEL STAFF					
I have reviewed the following BAH and COLA packet to ensure it is complete to the best of my knowledge and all the necessary documents are included according to the SAD Payroll procedures.					
LAST NAME, FIRST (PLEASE PRINT OR TYPE)		SIGNATURE		DATE	
13. JLOC OIC/NCOIC REVIEW					
CONCUR	NON CONCUR	NOTES: _____			
LAST NAME, FIRST (PLEASE PRINT OR TYPE)		SIGNATURE		DATE	
14. MNHS STAFF					
APPROVED	DISAPPROVED	WHY: _____			
LAST NAME, FIRST (PLEASE PRINT OR TYPE)		SIGNATURE		DATE	