MARINE CORPS ORDER P1751.3F

From: Commandant of the Marine Corps
To: Distribution List
Subj: DEPENDENCY DETERMINATION AND BASIC ALLOWANCE FOR HOUSING (BAH) MANUAL

Ref: (a) DODFMR 7000.15-R, Volume 7, Part A
(b) MCO P5800.16A W/Change 1-3, Chapter 15, LEGADMINMAN
(c) MCO P1080.39B, AIMMS
(d) MCO P1080.40C, MCTFSPRIM
(e) MCO P5512.11C, IDCARDMAN
(f) MCO P5211.2B, PRIVACY ACT OF 1974
(g) DFAS P2220.31-R

Encl: (1) LOCATOR SHEET

1. Purpose. To provide guidance and instructions for the submission of applications for dependent determination of eligibility and BAH for Marines with dependents, and related matters, per references (a) through (g).

2. Cancellation. MCO P1751.3E.

3. Summary of Revision. This Manual has been revised and retitled. It contains a substantial number of changes and must be reviewed in its entirety. It also changes the occasions and procedures for submission of applications and accompanying documentation requirements.

4. Recommendations. Submit recommendations concerning dependency determination and entitlement to BAH procedures to the CMC (MRP-1) via the appropriate chain of command.
Subj: DEPENDENCY DETERMINATION AND BASIC ALLOWANCE FOR HOUSING (BAH) MANUAL

5. Certification.
   a. This Manual is effective the date signed.
   b. This Marine Corps Manual is applicable to the Marine Corps Total Force.

GARRY L. PARKS
Deputy Commandant for Manpower and Reserve Affairs

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LOCATOR SHEET

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Location: ___________________________________________________________

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ENCLOSURE (1)
RECORD OF CHANGES

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INTRODUCTION

0000. AUTHORITY. Under 37 U.S.C. 401, a member of the Armed Forces who is entitled to basic pay is entitled to BAH when the Government does not provide adequate family quarters for the member and the member’s dependents. If a member does not have a dependent as defined in reference (a), the member may be entitled to BAH at the “without-dependent” rate. If a member has one or more dependents, the member may be entitled to BAH Without Dependents and BAH DIFF when monthly child support is paid. BAH DIFF entitlement is based on child support only.

0001. ELIGIBILITY. Reference (a) contains information relative to eligible dependents and those considered eligible for BAH purposes. Eligible dependents include spouse, parent(s), parent(s)-in-law, step-parent(s), adoptive parent(s), in loco parentis, legitimate child(ren), stepchild(ren), incapacitated child(ren), adopted child(ren), pre-adopted child(ren), child(ren) from the age of 21 to the date of their 23rd birthday who are enrolled in a full-time course of study in an institution of higher education, dependent child(ren), and court appointed wards.

0002. COMMANDING OFFICERS. Commanding officers are defined by this Manual as those officers who are responsible for the input of information into the Marine Corps Total Force System (MCTFS) by the assignment of a reporting unit code.

0003. NONELIGIBLE DEPENDENTS The following are noneligible dependents for BAH purposes:

1. Divorced spouse of the Marine, regardless of whether alimony was awarded.

2. A child not related to the Marine by blood or marriage, unless adopted by the Marine.

3. A stepchild after divorce of the Marine from the natural parent, unless adopted by the Marine. (NOTE: The relationship of the stepchild(ren) does not dissolve upon the death of the natural parent if the stepchild remains in the Marine’s household.)

4. A Marine’s child who is adopted by a third party.
5. Brothers, sisters, aunts, uncles, grandparents, or any other relative, unless such a relative qualifies as a court-appointed ward or stood “in loco parentis” for a minimum of 5 consecutive years prior to the Marine becoming 21 years of age.

6. Stepparent after divorce from the natural parent, unless an “in loco parentis” relationship exists. (NOTE: The relationship of the stepparent does not dissolve upon the death of the natural parent if the stepparent remains financially dependent upon the member for over 50 percent monthly support and the stepparent does not remarry.)

7. A dependent supported and claimed for BAH purposes by another U.S. servicemember.

8. Another active duty member of the Armed Forces, a Dependency Application, NAVMC Form 10922, is not required when a Marine is married to another active duty member of the Armed Forces and no other dependents are involved.

9. A disabled child, unmarried, and over the age of 21 may be eligible for other benefits only if incapacity was incurred prior to attainment of that age, and the child is, or was at the time of the members death, dependent upon the sponsor for more that 50 percent of the child’s support.

0004. DETERMINING ENTITLEMENT TO BAH. Reference (a) designates the authority for determining relationship or dependency for BAH. The provisions of the Department of Defense Financial Management Regulation (DODFMR) must be strictly followed to prevent the erroneous payment of Government funds, and the undue hardship on the Marine resulting from recoupment of overpayments.

0005. WAIVER OF THE REQUIREMENT TO SUPPORT DEPENDENT SPOUSE SUBSEQUENT TO RECEIPT OF BAH. Reference (b) at Chapter 15 established the Marine Corps policy regarding the financial support of family members. It also provides a process whereby a Marine may request a modification of the spousal support standards established therein. Marines are obligated to support all of their lawful dependents when that Marine is receiving BAH. BAH entitlement is contingent on the Marine providing adequate support to dependents. If a Marine believes that the spouse no longer warrants support, the commanding officer, on behalf of the Marine, may request a waiver of the requirement from the General Court Martial authority.
0006. COMPLAINTS OF NONSUPPORT AND INADEQUATE SUPPORT OF DEPENDENTS. Complaints alleging inadequate support of family members shall be directed to the commanding officer of the Marine concerned in accordance with the provisions of Chapter 15 of reference (b). Generally, proof of support of a lawful spouse or child of a member is not required. However, when evidence (e.g., special reports; record reviews; fraud, waste and abuse complaints; sworn testimony of individuals; or statements by member) or complaints from dependents of nonsupport or inadequate support are received, proof of adequate support will be required. Note that failure to provide adequate support to a dependent on whose behalf BAH is being received, may render the Marine ineligible for BAH under applicable regulations. See Department of Defense Financial Management Regulation (DoDFMR), Paragraph 260406.B.

0007. WAIVER OR DECLINATION OF SUPPORT. The submission of a written statement by a lawful spouse waiving or declining support for himself/herself and child(ren) will be considered sufficient authority to terminate credit for BAH. The issue of support waivers is addressed in Chapter 15 of reference (b).
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MEMBER’S SPOUSE AND CHILDREN/WARDS

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1000. GENERAL INFORMATION. Officers may certify their entitlement to BAH by signing the Dependency Application, NAVMC Form 10922, as both the claimant and the attesting officer. Officers are only required to submit supporting documents in substantiation of their entitlement when claiming: dependent parents, adoptive parents, parents-in-law, in loco parentis, stepparents, wards, unmarried children from the age of 21 to the date of their 23rd birthday enrolled in a full-time course of study in an institution of higher education, a dependent certified incapacitated by competent officials, and a divorce obtained in a foreign nation. Forward questionable claims to the CMC (MRP-1). Appropriate diary action will be accomplished by the CMC (MRP-1) on those dependents approved at the CMC level. All other diary action will be accomplished by the command.

1001. APPROVAL LEVEL OF ACCEPTABLE FORMS OF MARRIAGE

1. United States Ceremonial Marriages. Commanding officers may approve a NAVMC Form 10922 involving a marriage contracted within the United States, or its territories by a legal civil or religious ceremony. The marriage certificate must be viewed by the attesting officer. In no case is the commanding officer authorized to disapprove a NAVMC Form 10922.

2. Foreign Marriages. Commanding officers may approve a NAVMC Form 10922 involving a marriage contracted in a foreign country, after the attesting officer views the translated marriage certificate. In all cases requiring a dependency determination, an English translation of the marriage certificate will be forwarded to the CMC (MRP-1), with the NAVMC Form 10922. For further assistance, the Marine should seek advice from their local Legal Assistance Office (JA).

3. Indian Tribunal Marriages. In states which recognize Indian tribal law and custom, such marriages and divorces are acceptable provided both were members of Indian tribes. Indian tribes are recognized by the Government as distinct political entities. Tribal marriages and divorces are not recognized for persons who do not live as part of the tribe or on a reservation. Even though someone may be of Indian blood, they are otherwise governed by the law of the state of their domicile. A NAVMC Form 10922, for an Indian tribal marriage must be forwarded to the CMC (MRP-1) for determination and/or approval.
4. **Common-Law Marriages.** A common-law marriage is an informal marriage recognized as valid in some states and in some foreign countries. For a common-law marriage to be valid, three required documents must be provided:

   a. a present mutual intent of the parties to contract a marriage;
   
   b. proof of cohabitation; and
   
   c. a representation to the public by the parties that they are husband and wife.

A common-law marriage, if valid where contracted, is valid elsewhere. Cohabitation alone will not create a common-law marriage. A **NAVMC Form 10922**, with supporting documentation, must be forwarded to the CMC (MRP-1) for determination and/or approval.

5. **Proxy and Telephone Marriages.** A proxy marriage is one in which agents or proxies act for one or both parties, during the marriage ceremony. A telephone marriage is a type of proxy marriage. Although such marriages have been held valid by the courts of several states, they will not be accepted as creating the relationship of husband and wife. The validity of such marriage is too doubtful under the decisions of the Comptroller General of the United States.

   a. If the parties to a proxy or telephone marriage subsequently live together, in a state of the United States, or in a country that recognizes common-law marriage, they may establish a valid common-law marriage.
   
   b. Pursuant to provisions of 37 U.S.C. 401, if a civil court of competent jurisdiction has found a proxy or telephone marriage to be valid, **NAVMC Form 10922**, must be forwarded to the CMC (MRP-1), for determination and/or approval.

6. **Void Marriage.** A marriage is valid only if both parties are legally qualified to contract a marriage. If one or both parties have another lawful living spouse, if closely related by blood, or if the parties leave their state or country to evade the marriage laws of their domicile, it is impossible for the parties to contract a valid marriage. Bigamy is prohibited.
7. **Voidable Marriage.** Many states and countries prohibit marriage because of underage, insanity, physical incapacity, certain diseases, fraud, duress, or mistake. Such marriages are null and void. They may be annulled, as determined by the laws of the various states and countries, upon petition of one of the parties. Such marriages require a decree of annulment and a complaint of annulment to affect their dissolution. A change in dependency because of an annulled marriage will be submitted to the CMC (MRP-1) for determination on the validity of the marriage and for validation of allowances received.

1002. **DIVORCE**

1. **United States Divorces.** When a Marine or the spouse has been previously married and the divorce was granted in the United States or its territories, NAVMC Form 10922 may be approved by the commanding officer for dependents not requiring a dependency determination by the CMC (MRP-1). Divorce decrees granted in the United States are usually effective to dissolve the marriage on the date the final decree is entered. Because laws of the states pertaining to the effective date of judgments vary, care must be exercised in determining the effective date of a final divorce decree. No subsequent marriage is valid unless the date of the final divorce is prior to the date of the subsequent marriage.

2. **Foreign Nation Divorce.** When a Marine or a spouse has been previously married and the divorce granted is from a foreign nation, NAVMC Form 10922 must be submitted to the CMC (MRP-1) for determination, with a copy of the English translation of the divorce decree attached.

   a. The following statement must then be made in the certification section of the NAVMC Form 10922: “I certify that validation of this marriage occurred at (NAME, COURT and LOCATION) on (DATE) as the basis for my entitlement to BAH as claimed and a copy of the validation papers are attached.”

   b. Such validations may be extremely complicated. To ensure proper entitlement, the validation order itself may have to be examined. If one of the parties to a foreign nation divorce was domiciled in the foreign nation at the time the divorce action commenced, the court validation requirement is not necessary; however, in the certification section of the application, the officer must state the party who was domiciled in the foreign country when the divorce action commenced. In this case, “I certify that (FULL NAME OF PARTY DOMICILED IN THE FOREIGN NATION) was living at (COMPLETE ADDRESS) at the time of the foreign divorce, and had been living at that address since ________.” should be placed in the certification section.
c. Such additional information is required to determine the validity of a foreign divorce. Commanding officers should request competent legal review of any BAH application involving a foreign nation divorce prior to submission to the CMC (MRP-1) for determination. (NOTE: CMC (JA) provides legal advice and recommendations on applications for dependency benefits following a foreign divorce. Under reference (a), an application for dependency that involves remarriage of a servicemember following a foreign nation divorce is characterized as a case of ‘doubtful relationship.’ This section provides that such a divorce may or may not be recognized as valid in the United States, depending on several factors, including place of residence of the parties involved, whether they appeared in person to obtain the divorce, and applicable state laws. The CMC (JA) has frequently determined that foreign divorces are of doubtful validity when a Marine applies for BAH as a result of a foreign divorce and a subsequent remarriage, unless one or both parties to the divorce were domiciled in the foreign country at the time of the divorce. The residence requirement stands even if the laws of such foreign country do not make residence or domicile a condition to it’s court taking jurisdiction. Commanding officers should request legal assistance for the applicant before any dependency applications involving a foreign divorce are forwarded to the CMC (MRP-1) for determination and/or approval.)

3. Support While Divorce Action Pending. If a divorce action is pending between a Marine and their spouse, and no court order or mutual agreement in writing affecting the obligation of the Marine to support their spouse and child(ren) had been granted or entered into, the spouse and child(ren) will be considered to be eligible dependents.

   a. In the event that a Marine’s support obligation is reduced pursuant to Chapter 15 of reference (b), the servicemember may lose BAH entitlement pursuant to reference (a).

   b. If a court order or written agreement indicates that a Marine is not obligated to support their spouse and child(ren), the Marine may terminate the dependent support.

   c. A provision in a court order, or written agreement, which qualifies the obligation of a Marine to support a lawful spouse, does not, in itself, affect the minimum support requirement for a child(ren).

4. Interlocutory and Decree Nisi of Divorce. In an action for divorce, an interlocutory decree, a decree nisi, nor a decree containing an interlocutory clause, terminate the relationship of husband and wife until a final decree has been entered or a stipulated period of time has passed. During this waiting period, the spouse of a Marine is still the lawful
spouse, and the same rules will be followed for spouses in this category as for spouses who are separated from a Marine by written agreements or court order.

1003. **CHILDREN/WARDS**

1. **Legitimate Children.** The CMC (MRP-1) must be notified immediately of any changes in status of a Marine’s dependents. This notification will be made on the **NAVMC Form 10922**, which the Marine is responsible to institute, listing all the Marine’s dependents. Upon the birth of a child, the commanding officer will approve the child as a dependent after viewing the records (i.e., birth certificate or the certificate issued by the hospital prior to receipt of the birth certificate). If a birth certificate is not immediately available, a statement issued by the hospital showing the Marine and spouse as the natural parents is considered sufficient documentation. (NOTE: In order to obtain medical coverage, a copy of the child’s birth certificate or a certificate issued by the hospital, along with a copy of the marriage certificate, must be provided to the RAPIDS site for the child to be enrolled in DEERS and receive medical entitlements.)

2. **Children Born Out of Wedlock.** See chapter 2 of this Manual.

3. **Stepchildren.** A **NAVMC Form 10922** for stepchildren may be approved by commanding officers, effective from the date of marriage or the date the stepchildren became dependent upon the stepparent, as described below, whichever is later.

   a. When the member is not the natural parent, stepchild(ren) must be dependent upon the Marine for more than 50 percent of their monthly support for BAH entitlement. If the child(ren) resides in the Marine’s household, the Marine is eligible for travel and transportation allowances for the stepchild(ren). (Monies received on behalf of the stepchild(ren) from savings accounts, social security, and trust funds are considered income received for the stepchild(ren).)

   b. Commanding officers may approve a **NAVMC Form 10922** for stepchildren after viewing: a notarized Children’s Dependency Determination Affidavit Form, **NAVMC Form 11346** (figure 1–1), completed by the child’s custodian; a certified copy of the child’s birth certificate; and the document that dissolved each prior marriage of the Marine and the spouse.

4. **Adopted Children.** A **NAVMC Form 10922** for adopted children may be approved by commanding officers, effective from the date of adoption or the date the adopted children become dependent upon the adoptive parent, whichever is later.
a. Adopted children must be dependent upon the Marine for more than 50 percent of their support (monies received on behalf of the adopted child from savings accounts, social security, and trust funds are considered income received for the adopted child).

b. Commanding officers may approve a NAVMC Form 10922 for adopted children after viewing a notarized NAVMC Form 11346, (figure 1-1), completed by the child’s custodian; a certified copy of the adoption decree; and a certified copy of the child’s birth certificate.

5. WARDS/PRE-ADOPTED CHILDREN. A ward/pre-adopted child who is unmarried may be claimed for BAH, travel, and transportation allowances, effective the date of the court order for residence. The following criteria must be met:

a. A court of competent jurisdiction, in the United States or Territory of the United States, has placed the person in the custody of the member either permanently or for a period not less than 12 months from the date of the order.

b. The person must be either under 21 years of age, or at least 21 years of age, but under 23 years of age who meets the criteria for a student as stated in paragraph 1003.10; or incapable of self support because of a mental or physical incapacity that occurred while the person was considered a dependent ward of the member.

c. The person must be dependent upon the member for over 50 percent of the person’s support.

d. The person must reside with the member unless separated by either the necessity of military service to receive institutional care as a result of disability or incapacitation, or under such other circumstances as the Secretary concerned may by regulation prescribe.

e. The person may not be a dependent of any member under any other part of this definition.

6. Pre-Adopted Children. Pre-adopted children may be claimed for BAH, travel, and transportation allowances, effective the date of the court order. NAVMC Form 10922 may be approved at the command level, supported by documents from a U.S. civil court showing the Marine’s intent to adopt the child(ren), and a NAVMC Form 11346 (figure 1-1).

7. Child of Spouse. When the Marine is not the natural parent, the child is considered a stepchild.
8. Children Born Out of Wedlock, with Subsequent Marriage of Their Natural Parents are Considered Legitimate Children

a. NAVMC Form 10922 for dependent children legitimized by marriage of their parents may be approved from the date of the marriage.

b. Commanding officers will view the child’s birth certificate, the marriage certificate, and the documents dissolving any prior marriage of the Marine and spouse if applicable.

9. Incapacitated Children Who Are 21 Years of Age and Older. NAVMC Form 10922 for incapacitated children must be forwarded to the CMC (MRP-1) for a determination. Incapacitated children must be dependent upon the Marine for more than 50 percent of their support before the Marine will be eligible to receive BAH. When submitting NAVMC Form 10922, the following documents must be attached: a doctor’s statement describing the incapacitation; the date the illness or injury commenced; the extent and probable duration; and a notarized NAVMC Form 11346 (figure 1-1), completed by the custodian. Annual review for dependency determination is required per ref (a).

10. College Students. Unmarried children from the age of 21 to the date of their 23rd birthday, enrolled in a full-time course of study in an institution of higher education, shall be considered eligible dependents for BAH when the Marine is providing more than 50 percent of his or her support. The institution shall be approved by the service Secretary concerned. When submitting a NAVMC Form 10922 to the CMC (MRP-1), the following documents must be attached: a letter from an institution of higher education stating full-time enrollment with expected date of graduation and a notarized NAVMC Form 11346 (figure 1-1).

1004. SUBMISSION AND FORWARDING OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922

1. Submission and Forwarding. On each occasion when a dependent is gained or lost, notification must be made to the CMC. For dependency applications requiring the CMC approval, forward the completed dependency application to the CMC (MRP-1) for determination; retaining a copy in the Marine’s service record book (SRB) or officer qualification record (OQR) pending return of the approved and/or disapproved dependency application. After a determination has been made, the CMC (MRP-1) will forward the original of the completed dependency application to the Marine’s current command and forward a file copy to the Marine’s official record. In those cases where the commanding officer has the authority to approve a dependency
application, forward a copy of the completed dependency application
directly to the CMC (MMSB) for review and insertion in the Marine’s
official record, except for those dependency applications requiring CMC
diary action. The original of the latest approved and/or disapproved
dependency application shall remain in the Marine’s SRB/OQR. Requests for
copies of previously submitted dependency applications will be made to the
CMC (MMSB).

2. Missing Documentation. BAH applications are not to be submitted
without the supporting documentation required by this Manual. Any
dependency applications submitted with missing or incomplete documentation
will be disapproved and returned to the originating command. In
extraordinary cases where the documentation cannot be obtained, the
commanding officer or the representative should contact the CMC (MRP-1) for
instructions.

1005. COMMANDANT OF THE MARINE CORPS DIARY ACTION. Unit diary actions
for dependents requiring CMC approval/disapproval can only be accomplished
by the CMC (MRP-1).

1006. CHECKLIST FOR THE SUBMISSION OF NAVMC FORM 10922. Figure 1-2 is a
checklist for the types of dependency applications covered in this
chapter. It should be used by those responsible for the preparation and
review of applications prior to forwarding them to CMC (MRP-1). Those
responsible for the delivery of recruits to the Marine Corps recruiting
depots should use the checklist at figure 1-2 to ensure recruits with
dependents have all required documentation with them when reporting to
recruit training.

1007. SAMPLE FORMATS FOR SUBMITTING DEPENDENCY APPLICATIONS, NAVMC FORM
10922. Figures 1-3 through 1-16 are examples to be used as additional
guides in the preparation of dependency applications.
### Children’s Dependency Determination Affidavit

**INSTRUCTIONS** - Answer the following questions fully; if it does not apply, write "NONE" in the space provided. Do not include your income or expenses on this form, only those of the child(ren). After this form is completed and notarized, mail it to the Commandant of the Marine Corps, Code MR P-1, 3290 Russell Road, Quantico, VA 22134-5103.

1. **Child’s Name** | **Date of Birth** | **Child’s Name** | **Date of Birth**
--- | --- | --- | ---
1. | 3. |
2. | 4. |

2. Is the natural parent (other than you or the Marine) a service member? [ ] YES [ ] NO
   If yes, give name, social security number, branch of service and whether currently on active duty.

3. Is/are child(ren) residing in the Marine’s household? [ ] YES [ ] NO
   If yes, list the date residence begins.
   If not in Marine’s household, explain on reverse.

4. **Income of Above Child(Ren) Only** | **Expenses of Above Child(Ren) Only**
--- | ---
**ITEM** | **MONTHLY** | **YEARLY**
1. Wages or salary of child(ren) |  |  |
2. Income from property, stocks, bonds, investments, savings or trust funds |  |  |
3. Support payments from the natural parent (See NOTE below) |  |  |
4. Social security, VA, private pensions or insurance annuities |  |  |

**NOTE**: If the child(ren) is/are illegitimate, the questions pertain to funds provided by the Marine parent. If the child(ren) is/are ward(s) of the court, then the questions pertain to the funds provided by the natural parent or income other than the Marine and his/her spouse.

5. **Marine’s Last Name** | **First** | **Middle** | **SSN** | **Grade**
--- | --- | --- | --- | ---

6. I hereby swear or affirm that all of the foregoing statements are true.

(SIGNATURE OF PHYSICAL CUSTODIAN) (RELATIONSHIP TO CHILD)

7. Subscribed and duly sworn to (or affirm) before me according to law by the above named affiant this __________ day of __________ 20____ at City (or town) of __________, County of __________ and State of __________
   My commission expires ____________________________
   (SIGNATURE OF NOTARY)

**NAVMC 11346 (REV 9-01) (EF)**
SN: 0109-LF-980-9300

Figure 1-1. -- Sample NAVMC Form 11346, Children’s Dependency Determination Affidavit.
<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHECKLIST FOR THE SUBMISSION OF NAVMC FORM 10922</td>
</tr>
<tr>
<td>1.</td>
<td>Have all appropriate blocks on the NAVMC Form 10922 been completed as shown?</td>
</tr>
<tr>
<td>2.</td>
<td>Have all applicable documents been listed in the Certification Section of the NAVMC Form 10922?</td>
</tr>
<tr>
<td>3.</td>
<td>Have the documents been viewed and attached?</td>
</tr>
<tr>
<td>4.</td>
<td>For a dependent previously claimed on the NAVMC Form 10922 being submitted, does the Certification Section indicate that pertinent documents were previously viewed?</td>
</tr>
<tr>
<td>5.</td>
<td>Is a marriage certificate attached to the application? NOTE: A marriage license is not acceptable.</td>
</tr>
<tr>
<td>6.</td>
<td>Is effective date of each final divorce decree prior to the date of the marriage?</td>
</tr>
<tr>
<td>7.</td>
<td>If not, is there a determination document from the civil court attached that shows the marriage to be valid?</td>
</tr>
<tr>
<td>8.</td>
<td>Is this a divorce from a foreign nation?</td>
</tr>
<tr>
<td>9.</td>
<td>If so, is a copy of the determination from a civil court attached that shows the divorce is valid?</td>
</tr>
<tr>
<td>10.</td>
<td>Or that the Marine’s marriage is valid?</td>
</tr>
<tr>
<td>11.</td>
<td>Is the statement required in paragraph 1002.2.b of MCO P1751.3, involving a foreign nation divorce, by either the officer or the spouse, contained in the certification section of the dependency application?</td>
</tr>
<tr>
<td>12.</td>
<td>Is a certified copy of each child’s birth certificate attached?</td>
</tr>
<tr>
<td>13.</td>
<td>Has the Children’s Dependency Determination Affidavit, NAVMC Form 11346, been completed by the physical custodian for the adopted child, stepchild, or child born out of wedlock?</td>
</tr>
<tr>
<td>14.</td>
<td>If a child born out of wedlock is involved and the Marine is not the natural parent, is a notarized statement attached? NOTE: The statement must be made and signed by the spouse, attesting to the number of times previously married and the date and manner of dissolution of each prior marriage. If not previously married, state so on the spouse’s notarized statement.</td>
</tr>
<tr>
<td>15.</td>
<td>Has a certified copy of the adoption decree for adopted child(ren) been viewed?</td>
</tr>
<tr>
<td>16.</td>
<td>In ward cases, is a court order establishing guardianship for at least 12 consecutive months included?</td>
</tr>
<tr>
<td>17.</td>
<td>Is the parent/parent-in-law Dependency Statement, (DD Form 137-3, figure 3-1), completed and notarized and attached to the application? Has the fact that it has been cited been listed in the certification section of the application?</td>
</tr>
<tr>
<td>18.</td>
<td>Do all foreign nation documents have English translations attached?</td>
</tr>
<tr>
<td>19.</td>
<td>Have all the appropriate blocks on the affidavit form been completed?</td>
</tr>
<tr>
<td>20.</td>
<td>Is the affidavit form notarized, signed by a commissioned officer, or other official authorized to administer oaths?</td>
</tr>
</tbody>
</table>

Figure 1-2. -- Checklist for the Submission of NAVMC Form 10922.
## DEPENDENCY DETERMINATION AND BAH MANUAL

**INSTRUCTIONS**

**WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET**

**DATE OF APPLICATION**

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF DEPENDENT</th>
<th>COMPLETE ADDRESS</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>DATE ALLOWANCE CLAIMED FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TONYA CAROL MARINE</td>
<td>123 FOURTH ST, JACKSONVILLE NC 28540</td>
<td>SPOUSE</td>
<td>07071977</td>
<td>20010530</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 3: CUSTODIAN INFORMATION**

Furnish the following information concerning custodian of any dependent named above.

<table>
<thead>
<tr>
<th>DEP NO</th>
<th>FULL NAME OF CUSTODIAN</th>
<th>RELATIONSHIP TO DEPENDENT</th>
<th>ADDRESS AND ZIP CODE</th>
</tr>
</thead>
</table>

**SECTION 4: MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND YOUR SPOUSE**

**DATE**

<table>
<thead>
<tr>
<th>PLACE (County and State)</th>
<th>FULL GIVEN NAME OF SPOUSE</th>
<th>HAVE YOU BEEN PREVIOUSLY MARRIED?</th>
<th>HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>20010530 RENO NV</td>
<td>TONYA CAROL GRAY</td>
<td>X NO YES NO OF TIMES</td>
<td>X NO YES NO OF TIMES</td>
</tr>
</tbody>
</table>

**IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.**

<table>
<thead>
<tr>
<th>FORMER MARRIAGE OF YOURSELF</th>
<th>NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE</th>
<th>DATE OF DISSOLUTION</th>
<th>PLACE OF DISSOLUTION (COUNTY AND STATE)</th>
<th>REASON (CHECK ONE)</th>
</tr>
</thead>
</table>

**IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/Maintenance/Paternity?**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**IF YES, STATE DATE AND PLACE WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.**

---

**Figure 1-3a – Sample Format for a Marine Who Marries, No Children or Previous Marriages Involved.**
Figure 1-3b – Sample Format for a Marine Who Marries, No Children or Previous Marriages Involved.
DEPARTMENT DETERMINATION AND BAH MANUAL

INSTRUCTIONS
WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE FORMS, USE SEPARATE SHEET

REASON FOR THIS APPLICATION (CHECK ONE)

CHANGE IN DEPENDENTS
(No Change)

DATE OF APPLICATION
20010609

START GAIN

NAME OF MARINE (Last, first, middle)
MARINE, ALONZO DEAN

SSN
123 45 6789

GRADE
SGT

TYPE OF SERVICE
USMC

ORGANIZATION AND STATION PREPARING THIS APPLICATION
1ST BN 6TH MARINES 3D MARDIV FMFLANT
CAMP LEJEUNE NC 28547

UNIT RUC
12160

DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHER IS LATER)
000613

FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS
IEC

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY
040612

INSTRUCTIONS
WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET

DATE OF APPLICATION
20010609

REASON FOR THIS APPLICATION

(UN) 

CHANGE IN DEPENDENTS

(Loss) 

START GAIN

NAME OF DEPENDENT
TONYA CAROL MARINE

COMPLETE ADDRESS
123 FOURTH ST
JACKSONVILLE NC 28540

RELATIONSHIP
SPOUSE

DATE OF BIRTH
07071977

DATE ALLOWANCE CLAIMED FROM
20010530

DEP NO
1

FULL NAME OF CUSTODIAN
TONYA CAROL GRAY

RELATIONSHIP TO DEPENDENT
SPOUSE

ADDRESS AND ZIP CODE
123 FOURTH ST
JACKSONVILLE NC 28540

INFORMATION CONCERNING PRESENT MARRIAGE

DATE
20010530

PLACE (County and State)
RENO NV

FULL GIVEN NAME OF SPOUSE
TONYA CAROL GRAY

HAVE YOU BEEN PREVIOUSLY MARRIED?
NO

YES [ ]

NO OF TIMES PREVIOUSLY MARRIED
[ ]

HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
NO

YES [ ]

NO OF TIMES PREVIOUSLY MARRIED
[ ]

INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)

FORMER MARRIAGE OF

NAME OF THE SPOUSE IN

NAME OF THE SPOUSE IN

DATE OF

DATE OF

THE DISSOLVED MARRIAGE

THE DISSOLVED MARRIAGE

DISSOLUTION

DISSOLUTION

PLACE OF DISSOLUTION

PLACE OF DISSOLUTION

(Country and State)

(Country and State)

REASON

DEATH

ANNULMENT

DIVORCE

HEATHER FAY MARINE
20000311
MONTEREY CA

JUSTIN DAVID GRAY
20000506
MONTEREY CA

IF THERE IS A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/Maintenance/Paternity?

NO

YES

IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

Figure 1-4a – Sample Format for a Marine Who Marries and Previous Marriages are Involved with No Children.
Figure 1-4b – Sample Format for a Marine Who Marries and Previous Marriages are Involved with No Children.

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

(Signature of Marine)

123 45 6789

(Social Security Number)

SGT

(Grade)

(Ensured the proper diary action taken is recorded)
**Figure 1-5a – Sample Format for a Marine Who Is Married and Acquires a Child by Birth.**

**INSTRUCTIONS**

WHERE ADDITIONAL SPACE IS NEEDED TO COMPLETE ITEMS, USE SEPARATE SHEET

**DATE OF APPLICATION** 20010609

**ORGANIZATION AND STATION PREPARING THIS APPLICATION**

1ST BN 6TH MARINES 2D MARDIV FMFLANT
CAMP LEJEUNE NC 28547

**FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS**

UNIT NUC 12160
040612

**DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)**

000613

**DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY**

000613

---

**NAME OF DEPENDENT**

<table>
<thead>
<tr>
<th>No.</th>
<th>NAME OF DEPENDENT</th>
<th>COMPLETE ADDRESS</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TONYA CAROL MARINE</td>
<td>123 FOURTH ST JACKSONVILLE NC 28540</td>
<td>SPOUSE</td>
<td>07071977</td>
</tr>
<tr>
<td>2</td>
<td>JILL ELISE MARINE</td>
<td>SAME AS ABOVE</td>
<td>DAUGHTER</td>
<td>08062000</td>
</tr>
</tbody>
</table>

**INFORMATION CONCERNING PRESENT MARRIAGE**

**DATE** 20010530

**PLACE (County and State)**

**FULL GIVEN NAME OF SPOUSE** TONYA CAROL GRAY

**HAVE YOU BEEN PREVIOUSLY MARRIED?** NO

**HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?** NO

**FORMER MARRIAGE OF YOUR SELF**

**NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE**

**DATE OF DISSOLUTION**

**DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)**

**PLACE OF DISSOLUTION (County and State)**

**REASON**

---

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/Maintenance/Paternity?

**NO**

**YES**

IF YES, STATE DATE AND PLACE (COUNTY AND STATE) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

**ORIGINAL**

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01
I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.
Figure 1-6a – Sample Format for Dependent Children Legitimized by Marriage.
I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

I certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

---

### Section 6: Spouse in Armed Forces

<table>
<thead>
<tr>
<th>Has your spouse ever been a member of any U.S. Armed Forces?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] NO</td>
</tr>
<tr>
<td>[x] YES, if yes, complete the blocks below.</td>
</tr>
</tbody>
</table>

#### Blocks to Complete

- **SSN**
- **Grade**
- **Type of Service**
- **Branch of Service**
- **Inclusive Dates of Active Service**
- **BAH**
  - With Dependents
  - Without Dependents
  - BAH DFF

---

### Section 7: Certification

I certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

---

### Section 8: Approving Authority

John A. May, Major

*(Typed name and grade of commanding officer)*

ISTBN 6THMAR 2DMARDIV FMFLANT

*(Unit Designation)*

---

**Figure 1-6b – Sample Format for Dependent Children Legitimized by Marriage.**

1-20
### DEPENDENCY APPLICATION (1751)  
**NAVMC 10922 (REV. 4-01)**

(Supersedes all previous editions which are obsolete and will not be used)

**SN:** 0109-LF-984-9800

**DEP-APPLICATION**

**INSTRUCTIONS**
WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET

**DATE OF APPLICATION**

20010609

<table>
<thead>
<tr>
<th>NAME OF MARINE (Last, first, middle)</th>
<th>SSN</th>
<th>GRADE</th>
<th>TYPE OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARINE, ALONZO DEAN</td>
<td>123 45 6789</td>
<td>SGT</td>
<td>USMC USMCR</td>
</tr>
</tbody>
</table>

**ORGANIZATION AND STATION PREPARING THIS APPLICATION**

1ST BN 6TH MARINES 2D MARDIV FMFLANT  
CAMP LEJEUNE NC 28547

**UNIT RUC**

12160

**DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)**

000613

**FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS**

040612

**SECTION 1. NOTIFICATION**

1. **DATE OF APPLICATION**

20010609

2. **REASON FOR THIS APPLICATION**

(Click one)

- [ ] CHANGE IN DEPENDENTS  
- [G] LOSS (EXPLAIN IN CERTIFICATION SECTION)
- [ ] CHANGE IN DEPENDENTS  
- [ ] GAIN

**DATE ALLOWANCE CLAIMED FROM**

(If previously approved, give date of approval)

20010530

**NAME OF DEPENDENT**

(Include full given name)

1. TONYA CAROL MARINE

**COMPLETE ADDRESS**

(Include Zip Code)

1. 123 FOURTH ST  
   JACKSONVILLE NC 28540

**RELATIONSHIP**

SPouse

**DATE OF BIRTH**

07071977

**DATE ALLOWANCE CLAIMED FROM**

20010530

Furnish the following information concerning custodian of any dependent named above.

**DEP NO**

1

**FULL NAME OF CUSTODIAN**

(Include full given name)

**RELATIONSHIP TO DEPENDENT**

**ADDRESS AND ZIP CODE**

**INFORMATION CONCERNING PRESENT MARRIAGE**

HAVE YOU BEEN PREVIOUSLY MARRIED?

- [x] NO
- [ ] YES

NO OF TIMES PREVIOUSLY MARRIED

- [x] NO
- [ ] YES

NO OF TIMES PREVIOUSLY MARRIED

**DATE**

20010530

**PLACE (County and State)**

CANCUN, MEXICO

**FULL GIVEN NAME OF SPOUSE**

TONYA CAROL GRAY

IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.

**INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE**

(Continue on separate sheet if necessary)

**FORMER MARRIAGE OF**

(Click one)

- [ ] NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE

- [ ] DATE OF DISSOLUTION

- [ ] PLACE OF DISSOLUTION

- [ ] REASON (Check one)

- [ ] DEATH
- [ ] ANNULMENT
- [ ] DIVORCE

**IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/Maintenance/Paternity?**

- [ ] NO
- [ ] YES

IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

Figure 1-7a – Sample Format for a Foreign Marriage.
### Figure 1-8b – Sample Format for a Foreign Marriage.

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

---

**SECTION 1: CERTIFICATION**

I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or my legal obligation to support my dependents.

---

**SECTION 2: NATURAL PARENT OF CHILD IN ARMED FORCES**

<table>
<thead>
<tr>
<th>Natural Parent Other Than Claimant</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, list all available identifying information: (Full name, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren)).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 3: SPOUSE IN ARMED FORCES**

<table>
<thead>
<tr>
<th>SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, complete the blocks below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 4: IDENTIFYING INFORMATION**

<table>
<thead>
<tr>
<th>SSN</th>
<th>Grade</th>
<th>Type of Service</th>
<th>Branch of Service</th>
<th>Inclusive Dates of Active Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Marine**

123 45 6789

**Social Security Number**

(Signature and Title of attesting officer)

T. J. STEWART, CWO2, USMC, PERSO

**Grade**

(List and attach all documents viewed)

**Due Date**

10 day of June 01

**Signature of commanding officer**

John A. May, Major

**Unit Designation**

ISTBN 6THMAR 2DMARDIV FMFLANT

**Reason for Approval**

FOR USE BY COMMAND APPROVING AUTHORITY:

- APPROVED AS CLAIMED
- APPROVED FOR DEPENDENT NUMBERS
- APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11: CHECK ONE
- CHILD RESIDES IN MEMBER’S HOUSEHOLD (Recertify annually)
- COURT ORDER

**FOR USE BY UNIT DIARY CLERK:**

REPORTED ON UNIT DIARY:

- No.
- Dated
- RUC

**FOR USE BY DMC APPROVING AUTHORITY:**

ENTRIES REPORTED:

- (Signature of commanding officer)

- JOHN A. MAY, MAJOR

- ISTBN 6THMAR 2DMARDIV FMFLANT

---

**ORIGINAL**

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

---

1-22
Figure 1-8a – Sample Format for a Tribunal Marriage.
**DEPENDENCY DETERMINATION AND BAH MANUAL**

**NAVMC 10922 (Rev. 4-01) (EF) Page 2**

**NAME OF MARINE (Last, first, middle):** MARINE, ALONZO DEAN

**SECTION 5: NATURAL PARENT OF CHILD IN ARMED FORCES**

<table>
<thead>
<tr>
<th>Has Natural Parent Other Than Claimant of Child(Ren) Listed Ever Been a Member of Any U.S. Armed Forces?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[NO ] [YES ]</td>
</tr>
</tbody>
</table>

**IF YES:** List all available identifying information (full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren)).

**SECTION 6: SPOUSE IN ARMED FORCES**

<table>
<thead>
<tr>
<th>Has Your Spouse Ever Been a Member of Any U.S. Armed Forces?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[NO ] [YES ]</td>
</tr>
</tbody>
</table>

**IF YES:** Complete the blocks below.

<table>
<thead>
<tr>
<th>SSN</th>
<th>Grade</th>
<th>Type of Service</th>
<th>Branch of Service</th>
<th>Inclusive Dates of Active Service</th>
<th>BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**I CERTIFY** that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

Subscribed and sworn before me this ___________ day of ___________ 2001

(Signature of Marine)

123 45 6789

(Social Security Number)

SGT

(Grade)

(List and attach all documents viewed)

T. J. STEWART, CW02, USMC, PERSO

(Type Name and grade of attesting officer)

**SECTION 7: CERTIFICATION**

No Court Order

No Court Order

John A. May, Major

(Typed name and grade of commanding officer)

ISTBN STIHMAR 2DMARDIV FMFLANT

(Unit Designation)

**FOR USE BY COMMAND APPROVING AUTHORITY:**

[ ] Approved As Claimed

[ ] Approved For Dependent Numbers

**FOR USE BY UNIT DIARY CLERK:**

Reported on Unit Diary:

No.

Dated

RUC

Entries Reported:

**FOR USE BY CMC APPROVING AUTHORITY:**

[ ] Approved

[ ] Forwarded to CMC (Code MIP-1) for Approval For Dependent Numbers

**DEPENendency Determination And BAH Manual**

Figure 1-8b – Sample Format for a Tribunal Marriage.

1-24
Figure 1-9a – Sample Format for a Common-Law Marriage.
I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

(name of marine)

(signature of commanding officer)
Figure 1-10a – Sample Format for a Divorce.

**INSTRUCTIONS**
Where additional space is necessary to complete items, use separate sheet.

**DATE OF APPLICATION**
20010609

**NAME OF MARINE (Last, first, middle)**
MARINE, ALONZO DEAN

**SSN**
123 45 6789

**GRADE**
SGT

**TYPE OF SERVICE**
USMC

**UNIT RUC**
12160

**DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)**
000613

**FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS**
SCC 04/06/12

**RELATIONSHIP**
(If child, indicate step, adopted, ward or born out of wedlock)

**DATE OF BIRTH**
(Day, Mo., Year)

**DATE ALLOWANCE CLAIMED FROM**
(If previously approved, give date of approval)

---

**SECTION 3: CUSTODIAN INFORMATION**
Furnish the following information concerning custodian of any dependent named above.

**FULL NAME OF CUSTODIAN**

**RELATIONSHIP TO DEPENDENT**

**ADDRESS AND ZIP CODE**

---

**SECTION 4: MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY**

**NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE**
TONYA CAROL MARINE

**DATE OF DISSOLUTION**
20010609

**PLACE OF DISSOLUTION**
ONSLow NC

---

**INFORMATION CONCERNING PRESENT MARRIAGE**

**DATE**

**PLACE (County and State)**

**FULL GIVEN NAME OF SPOUSE**

**HAVE YOU BEEN PREVIOUSLY MARRIED?**
No

**NO OF TIMES**

**HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?**
No

**NO OF TIMES**

---

**REASON (Check one)**

**DISPA**

---

**IF THERE IS A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/Maintenance/Paternity?**

**NO**

**YES**

---

20010609 ONSLOW COUNTY NORTH CAROLINA

---

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01
I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

Subscribed and sworn before me this 10th day of June 01

T. J. STEWART, CWO2, USMC, PERSO

(List and attach all documents viewed)

(Ensure the proper diary action taken is recorded)

Figure 1-10b - Sample Format for a Divorce.

1-28
Figure 1-11a – Sample Format for a Divorced Marine, Children Involved.
I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

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(Signature of Marine)

123 45 6789

(Social Security Number)

SGT

(Grade)

T. J. STEWART, CW2, USMC,PERSO

(Signature and Title of attesting officer)
DEPENDENCY APPLICATION (1751)
NAVMC 10922 (REV. 4-01) (EP)
(Supersedes all previous editions which are obsolete and will not be used)
SN: 0109-LF-984-9800

NAME OF MARINE (Last, first, middle)
MARKS, ALONZO DEAN

SSN
123 45 6789

GRADE
Sgt

TYPE OF SERVICE
USMC

ORGANIZATION AND STATION PREPARING THIS APPLICATION
1ST BN 6TH MARINES 2D MARDIV FMFLANT
CAMP LEJEUNE NC 28547

DATE OF APPLIICATION
20010609

REASON FOR THIS APPLICATION (CHECK ONE)

CHANGE IN DEPENDENTS
(x) START

CHANGE IN DEPENDENTS
(x) LOSS/EXPLAIN IN CERTIFICATION SECTION
(x) GAIN

DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER)
000123

FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS
040612

NO. NAME OF DEPENDENT (Include full given name) COMPLETE ADDRESS (Include Zip Code) RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock) DATE OF BIRTH (Day, Mo., Year)

1 TONYA CAROL MARINE 123 FOURTH ST JACKSONVILLE NC 28540 SPOUSE 07071977 20010530

Furnish the following information concerning custodian of any dependent named above.

DEF NO FULL NAME OF CUSTODIAN RELATIONSHIP TO DEPENDENT ADDRESS AND ZIP CODE

INFORMATION CONCERNING PRESENT MARRIAGE
DATE PLACE (County and State) FULL GIVEN NAME OF SPOUSE

HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
(x) NO ( ) YES NO OF TIMES

REASON (Check one)
(x) DEATH
(x) ANNULMENT
(x) DIVORCE

INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)

FORMER MARRIAGE OF YOUR-SELF SPouse

NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE DATE OF DISSOLUTION Place of dissolution (County and State) REASON (Check one)

(x) CALVIN LIONEL CASELL 20000104 JUAREZ MEXICO

IF THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MANINTENACE/PATERNITY?
(x) NO
(x) YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

Figure 1-12a – Sample Format for a Marriage When a Foreign Divorce is Involved, by a Spouse Who is a United States Citizen.
Figure 1-12b – Sample Format for a Marriage When a Foreign Divorce is Involved, by a Spouse Who is a United States Citizen.

<table>
<thead>
<tr>
<th>Section 5</th>
<th>Natural Parent of Child in Armed Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren)).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 6</th>
<th>Spouse in Armed Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>IF YES, COMPLETE THE BLOCKS BELOW.</td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td>GRADE</td>
</tr>
<tr>
<td>REGULAR</td>
<td>RESERVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 7</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Marine</th>
<th>123 45 6789</th>
<th>SGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscribed and sworn before me this 10 day of June 01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 8</th>
<th>Approving Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR USE BY COMMAND APPROVING AUTHORITY:</td>
<td></td>
</tr>
<tr>
<td>APPROVED AS CLAIMED</td>
<td></td>
</tr>
<tr>
<td>APPROVED FOR DEPENDENT NUMBERS 1</td>
<td></td>
</tr>
<tr>
<td>APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11, CHECK ONE</td>
<td></td>
</tr>
<tr>
<td>CHILD RESIDES IN MEMBER’S HOUSEHOLD (Weekly annually) No Court Order</td>
<td></td>
</tr>
</tbody>
</table>

| Signature of commanding officer |
| JOHN A. MAY, MAJOR |
| (Typed name and grade of commanding officer) |
| 1STBN 6THMAR 2DMARDIV FMFLANT |
| (Unit Designation) |

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.
Figure 1-13a – Sample Format for a Stepchild.
Figure 1-13b – Sample Format for a Stepchild.

1-34
### DEPENDENCY APPLICATION (1751)

<table>
<thead>
<tr>
<th>NAME OF MARINE (Last, first, middle)</th>
<th>SSN</th>
<th>GRADE</th>
<th>TYPE OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARINE, ALONZO M.</td>
<td>123 45 6789</td>
<td>SGT</td>
<td>USMC USMCR</td>
</tr>
</tbody>
</table>

**Organization and Station Preparing this Application**

1ST BN 6TH MARINES 2D MARDIV FMF. ANT
CAMP LEJUNE NC 28547

**Future Address and ETA if Transfer is Anticipated Within 60 Days**

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF DEPENDENT (Include full given name)</th>
<th>COMPLETE ADDRESS</th>
<th>RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock)</th>
<th>DATE OF BIRTH (Day, Mon., Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TONYA CAROL MARINE</td>
<td>123 FOURTH ST JACKSONVILLE NC 28540</td>
<td>SPOUSE</td>
<td>07/01/1977</td>
</tr>
<tr>
<td>2</td>
<td>JILL ELISE CASSELL</td>
<td>SAME AS ABOVE</td>
<td>ADOPTED DAUGHTER</td>
<td>08/06/1998</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS**

WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET

<table>
<thead>
<tr>
<th>DATE OF APPLICATION</th>
<th>20010609</th>
</tr>
</thead>
</table>

**Reason for this Application (Check One)**

| G | |

**Change in Dependents**

(Change one)

<table>
<thead>
<tr>
<th>Loss (Explain in Certification Section)</th>
<th>Gain</th>
</tr>
</thead>
</table>

**Date of Current Enlistment/Appointment or Date Reporting for Active Duty (Whichever is Later)**

| 00/06/13 |

**Date of Last Discharge or Date of Last Release to Inactive Duty**

| 00/06/12 |

**INFORMATION CONCERNING PRESENT MARRIAGE**

<table>
<thead>
<tr>
<th>DATE</th>
<th>PLACE (County and State)</th>
<th>FULL GIVEN NAME OF SPOUSE</th>
<th>HAVE YOU BEEN PREVIOUSLY MARRIED?</th>
<th>HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?</th>
<th>NO OF TIMES</th>
<th>NO OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/08/14</td>
<td>RENO NV</td>
<td>TONYA CAROL GRAY</td>
<td>NO</td>
<td>NO</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)**

**Has There a Court Order or Written Agreement in Effect Relative to Support/Maintenance/Paternity?**

| NO | YES |

**Furnish the following information concerning custodian of any dependent named above.**

<table>
<thead>
<tr>
<th>DEP NO</th>
<th>FULL NAME OF CUSTODIAN</th>
<th>RELATIONSHIP TO DEPENDENT</th>
<th>ADDRESS AND ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>TONYA CAROL MARINE</td>
<td>MOTHER</td>
<td>SAME AS ABOVE</td>
</tr>
</tbody>
</table>

**Figure 1-14a - Sample Format for an Adopted Child.**
Figure 1–14b – Sample Format for an Adopted Child.

<table>
<thead>
<tr>
<th>SSN</th>
<th>GRADE</th>
<th>TYPE OF SERVICE</th>
<th>BRANCH OF SERVICE</th>
<th>INCLUSIVE DATES OF ACTIVE SERVICE</th>
<th>BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>REGULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RESERVE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

123 45 6789

SGT

(Social Security Number) (Grade)

T. J. STEWART, CW02, USMC, PERSO

(Type Name and grade of atestig officer)

(Ensure the proper diary action taken is recorded)
Figure 1-15a – Sample Format for Death of a Dependent.
### Section 3: Natural Parent of Child in Armed Forces

- **Has Natural Parent Other Than Claimant of Child(ren) Listed Ever Been a Member of Any U.S. Armed Forces?**
  - **No**
  - **Yes**

  If Yes, list all available identifying information (full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of children).

### Section 4: Spouse in Armed Forces

- **Has Your Spouse Ever Been a Member of Any U.S. Armed Forces?**
  - **No**
  - **Yes**

  If Yes, complete the blocks below.

<table>
<thead>
<tr>
<th>SSN</th>
<th>Grade</th>
<th>Type of Service</th>
<th>Branch of Service</th>
<th>Inclusive Dates of Active Service</th>
<th>BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Regular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reserve</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 5: Certification

I certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

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### Section 6: Approving Authority

Approval as claimed: [ ]
Approval for dependent numbers: [ ]
Approval for child born out of wedlock for DEEPB eligibility per MCO P5121.11. Check one: [ ]
Child resides in member's household (Renotify annually): [ ]
No Court Order: [ ]

**John A. May, Major**
Typed name and grade of commanding officer.

**Sgt 123 45 6789**
Social Security Number.

**T. J. Stewart, CW02, USMC, Perso**
Type name grade of attesting officer.

**Original**
Designed Using FormFlow 2.22, HQMC/ARSE, May 01

---

**Figure 1-15b – Sample Format for Death of a Dependent.**

1-38
Section 1. Identification

Name of Marine (Last, First, Middle): Marine, Alonzo Dean
SSN: 123-45-6789
Grade: SGT
Type of Service: USMC

Section 2. Dependent Information

No. 1
Name of Dependent: Justin David Marine
Complete Address: 123 Fourth St, Jacksonville NC 28540
Relationship: Ward
Date of Birth: 14081995
Date Allowance Claimed From: 20010530

Section 3. Custodian Information

Dep No 1
Full Name of Custodian: Alonzo Dean Marine
Relationship to Dependent: Brother
Address and Zip Code: Same as Above

Section 4. Marital Status of Service Member and Spouse

Have you been previously married? No
Has present spouse been previously married? No

Information concerning dissolution of each former marriage of both yourself and/or spouse (Continue on separate sheet if necessary)

No

Is there a court order or written agreement in effect relative to support/maintenance/paternity?

Yes

If Yes, state date and place (county and state) where such order agreement was issued and attach a copy.

Dep #1: 20010530 Onslow County North Carolina

Figure 1-16a – Sample Format for Ward.
DEPENDENCY DETERMINATION AND BAH MANUAL

NAVMC 10922 (Rev. 4-01) (EF) Page 2

NAME OF MARINE (Last, first, middle)
MARINE, ALONZO DEAN

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILDREN LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?

NO

YES

IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of children).

HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?

NO

YES

IF YES, COMPLETE THE BLOCKS BELOW.

<table>
<thead>
<tr>
<th>SSN</th>
<th>GRADE</th>
<th>TYPE OF SERVICE</th>
<th>BRANCH OF SERVICE</th>
<th>INCLUSIVE DATES OF ACTIVE SERVICE</th>
<th>BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>REGULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RESERVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>WITH DEPENDENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>WITHOUT DEPENDENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BAH DIFF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

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SIGNATURE OF MARINE

(Signature of Marine)

123 45 6789

(Social Security Number)

SGT

(Grade)

10 day of June 01

(List and attach all documents viewed)

T. J. STEWART, CW2, USMC, PERS

(Type Name grade of attesting officer)

APPROVED AS CLAIMED

X

APPROVED FOR DEPENDENT NUMBERS:

1

APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE

CHILD RESIDES IN MEMBER'S HOUSEHOLD

(Court Order)

(X)

RETURNED TO CMC FOR APPROVAL FOR DEPENDENT NUMBERS

FORWARDED TO UNIT DIARY CLERK:

REPORTED ON UNIT DIARY:

NO.

DATED

RUC

ENTRIES REPORTED:

FOR USE BY COMMAND APPROVING AUTHORITY:

FOR USE BY COMMAND APPROVING AUTHORITY:

SIGNATURE OF COMMANDING OFFICER

(Signature of commanding officer)

JOHN A. MAY, MAJOR

(Typed name and grade of commanding officer)

ISTBN 6THMAR 2DMARDIV FMFLANT

(Unit Designation)

Figure 1-16b – Sample Format for Ward.

1-40
CHAPTER 2

CHILDREN BORN OUT OF WEDLOCK

<table>
<thead>
<tr>
<th>PARAGRAPH</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTHORITY</td>
<td>2000</td>
</tr>
<tr>
<td>CHILD(REN) BORN OUT OF WEDLOCK TO MARINES</td>
<td>2001</td>
</tr>
<tr>
<td>CHILD(REN) BORN OUT OF WEDLOCK TO THE MARINE’S SPOUSE</td>
<td>2002</td>
</tr>
<tr>
<td>AMOUNTS OF BAH TO BE PROVIDED</td>
<td>2003</td>
</tr>
<tr>
<td>ELIGIBILITY FOR MEDICAL BENEFITS</td>
<td>2004</td>
</tr>
<tr>
<td>SUBMISSION AND FORWARDING OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922</td>
<td>2005</td>
</tr>
<tr>
<td>CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATION, (NAVMC FORM 10922) FOR DEPENDENT CHILDREN</td>
<td>2006</td>
</tr>
<tr>
<td>SAMPLE FORMATS FOR SUBMITTING DEPENDENCY APPLICATION (NAVMC FORM 10922) REGARDING DEPENDENT CHILDREN (CHILDREN BORN OUT OF WEDLOCK)</td>
<td>2007</td>
</tr>
</tbody>
</table>

FIGURE

2–1 SAMPLE FORMAT FOR A DEPENDENT CHILD IN WHERE NEITHER THE MARINE FATHER NOR THE MOTHER IS/HAS BEEN MARRIED................................. 2–6

2–2 SAMPLE FORMAT FOR A MARRIED MARINE WITH AUTHORIZED DEPENDENTS WHEN AN ADDITIONAL DEPENDENT CHILD IS ADDED WHO DOES NOT LIVE IN THE HOUSEHOLD MAINTAINED BY THE MARINE....... 2–8
<table>
<thead>
<tr>
<th>FIGURE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3</td>
<td>SAMPLE FORMAT FOR A MARINE REQUESTING DEPENDENCY FOR A DEPENDENT CHILD WHO WAS BORN PRIOR TO THE MARINE’S ENTRY INTO THE MILITARY SERVICE</td>
</tr>
<tr>
<td>2-4</td>
<td>SAMPLE FORMAT FOR DEPENDENT CHILDREN AND EACH HAS A DIFFERENT MOTHER/CUSTODIAN</td>
</tr>
<tr>
<td>2-5</td>
<td>SAMPLE FORMAT FOR A DEPENDENT CHILD BORN OR CONCEIVED BY A WOMAN WHO IS MARRIED TO SOMEONE OTHER THAN THE MARINE</td>
</tr>
</tbody>
</table>
2000. **AUTHORITY.** A NAVMC Form 10922 for children born out of wedlock prior to 26 November 1993, must be forwarded to the CMC (MRP-1) for a determination. If the Marine is claiming children with the effective entitlement date prior to 26 November 1993, the NAVMC Form 10922 must be submitted to the CMC (MRP-1) for determination and/or approval, along with all supporting documentation. Commanding officers have the authority to approve dependency applications for dependent children claimed on or after 26 November 1993, providing all supporting documents have been viewed. An approved copy of the NAVMC Form 10922, along with all supporting documentation, will be forwarded to the CMC (MRP-1) for review.

2001. **CHILD(REN) BORN OUT OF WEDLOCK TO MARINES**

1. Dependent child(ren) born out of wedlock to a Marine may be claimed from the date support commenced.

2. If the child’s mother was married at the time of conception or birth, the child is considered of that marriage. To claim the child for BAH, a copy of a United States civil court ruling must be attached to the dependency application stating that the Marine is the natural father of the child, or that the husband of the child’s mother is not the natural father. A divorce decree that indicates the child was not a result of that marriage is also acceptable.

2002. **CHILD(REN) BORN OUT OF WEDLOCK TO THE MARINE’S SPOUSE.** When the Marine is not the natural parent of a child(ren), they may be claimed from the date of the marriage to the Marine or the date the Marine entered active duty, whichever is later. This child is considered a step-child(ren), and should be processed as indicated in paragraph 1003.3.

2003. **AMOUNTS OF BAH TO BE PROVIDED.** Effective 5 December 1991, Public Law 102-109 limits the amount of BAH paid to a member whose entitlement is based solely on payment of child support.

1. Personnel who reside in single-type Government housing (barracks) will be entitled to the BAH-DIFF only, provided the Marine is paying child support equal to at least the amount of BAH DIFF, per ref (a).
2. Personnel authorized to reside off base (on the economy) will be entitled to BAH-DIFF along with BAH Own-Right (BAH O/R) without dependent.

2004. ELIGIBILITY FOR MEDICAL BENEFITS. A DD Form 1173 is the authorized ID card to be issued to a child(ren) born out of wedlock, provided the Marine has taken the child into his/her household and has assumed financial responsibility for the child by furnishing more than 50 percent of the child’s support, or the Marine has been judicially determined to be the child’s natural parent. A child without a court order who leaves the household is no longer entitled to medical benefits, effective the date of departure.

2005. SUBMISSION AND FORWARDING OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922

1. When submitting a NAVMC Form 10922 for determination on behalf of dependent children to the CMC (MRP-1), the following documentation must be attached:

   a. certified copy of the public record or the child’s birth certificate;

   b. a notarized Children’s Dependency Determination Affidavit, NAVMC Form 11346, completed by the child’s physical custodian, or a notarized statement attesting to the amount of support and the dates received;

   c. a statement made and signed by the Marine, as to whether the member is the natural father (male Marines only); and

   d. certified copies of all legal and court documents pertaining to the paternity and/or support of the child(ren).

2. Processing and filing of the dependency application will be handled as previously described in paragraph 1004 of this Manual.

2006. CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATIONS (NAVMC FORM 10922) FOR DEPENDENT CHILDREN. See chapter 1, figure 1-2, for the checklist to be used for the type of dependency application covered in this chapter. Those responsible for the delivery of recruits to the Marine Corps recruit depots should also use the checklist to ensure recruits with dependents have all the required documentation with them when reporting to recruit training.
2007. SAMPLE FORMATS FOR SUBMITTING DEPENDENCY APPLICATION (NAVMC FORM 10922) REGARDING DEPENDENT CHILDREN (CHILDREN BORN OUT OF WEDLOCK). Figures 2-1 through 2-5 are examples to be used as additional guides in the preparation of dependency applications.
**Section 1. Notification**

DATE OF APPLICATION: 20010609

REASON FOR THIS APPLICATION (CHECK ONE)

<table>
<thead>
<tr>
<th>START</th>
<th>CHANGE IN DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GAIN</th>
</tr>
</thead>
</table>

**DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER):**

<table>
<thead>
<tr>
<th>000613</th>
</tr>
</thead>
</table>

**DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY:**

<table>
<thead>
<tr>
<th>040612</th>
</tr>
</thead>
</table>

**INSTRUCTIONS**

WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET.

**Section 2. Dependent Information**

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF DEPENDENT (Include full given name)</th>
<th>COMPLETE ADDRESS (Include Zip Code)</th>
<th>RELATIONSHIP (if child, indicate step, adopted, ward or born out of wedlock)</th>
<th>DATE OF BIRTH (Day, Mo., Year)</th>
<th>DATE ALLOWANCE CLAIMED FROM (If previously approved, give date of approval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JILL ELISE CASSELL</td>
<td>123 FOURTH ST JACKSONVILLE NC 28540</td>
<td>DEPENDENT DAUGHTER</td>
<td>08062000</td>
<td>20010608</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Furnish the following information concerning custodian of any dependent named above.**

**Dep. No.**

<table>
<thead>
<tr>
<th>FULL NAME OF CUSTODIAN</th>
<th>RELATIONSHIP TO DEPENDENT</th>
<th>ADDRESS AND ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TONYA CAROL CASSELL</td>
<td>MOTHER</td>
<td>SAME AS ABOVE</td>
</tr>
</tbody>
</table>

**Section 4. Marital Status of Service Member and Spouse and Information Regarding Support/Paternity**

**NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE**

**DATE OF DISSOLUTION**

**Place of dissolution (County and State)**

**REASON (Check one)**

<table>
<thead>
<tr>
<th>DEATH</th>
<th>ANNULMENT</th>
<th>DIVORCE</th>
</tr>
</thead>
</table>

**Information Concerning Dissolution of Each Former Marriage of Both Yourself and/or Spouse**

**Former Marriage of (Check one)**

**Your Self Spouse**

**Is there a Court Order or Written Agreement in effect relative to Support/Maintenance/Paternity?**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**If Yes, State Date and Place (county and state) where such order/agreement was issued and attach a copy.**

**20010608 ONSLOW COUNTY NORTH CAROLINA (DATE COURT ORDER FILED)**

---

**Figure 2-1a – Sample Format of a NAVMC Form 10922 for a Dependent Child Where Neither the Marine Father Nor the Mother Is/Has Been Married.**

2-6
Figure 2-1b – Sample Format of a NAVMC Form 10922 for a Dependent Child Where Neither the Marine Father Nor the Mother Is/Has Been Married.
Figure 2-2a - Sample Format of a NAVMC Form 10922 for a Married Marine with Authorized Dependents When an Additional Dependent Child Is Added, and Who Does Not Live in the Household Maintained by the Marine.
Figure 2-2b – Sample Format of a NAVMC Form 10922 for a Married Marine with Authorized Dependents When an Additional Dependent Child Is Added, and Who Does Not Live in the Household Maintained by the Marine.
Figure 2-3a – Sample Format of a NAVMC Form 10922 for a Marine Requesting Dependency for a Dependent Child Who Was Born Prior to the Marine’s Entry Into Military Service.
Figure 2-3b – Sample Format of a NAVMC Form 10922 for a Marine Requesting Dependency for a Dependent Child Who Was Born Prior to the Marine’s Entry Into Military Service.
Figure 2-4a – Sample Format of a NAVMC Form 10922 for Dependent Children and Each has a Different Mother/Custodian.
**Figure 2-4b - Sample Format of a NAVMC Form 10922 for Dependent Children and Each Has a Different Mother/Custodian.**

<table>
<thead>
<tr>
<th>HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?</th>
</tr>
</thead>
</table>
| ☑️ YES IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).

TONYA CAROL GRAY, 987654321, CPL, U.S. ARMY, 03'99 - 09'01, JILL ELISE GRAY |

<table>
<thead>
<tr>
<th>HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️ YES IF YES, COMPLETE THE BLOCKS BELOW.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN</th>
<th>GRADE</th>
<th>TYPE OF SERVICE</th>
<th>BRANCH OF SERVICE</th>
<th>INCLUSIVE DATES OF ACTIVE SERVICE</th>
<th>BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>REGULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RESERVE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my commanding officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information herein or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.
Figure 2-5a – Sample format of a NAVMC Form 10922 for a Dependent Child Born or Conceived by a Woman Who is Married to Someone Other Than the Marine.
Figure 2-5b - Sample format of a NAVMC Form 10922 for a Dependent Child Born or Conceived by a Woman Who is Married to Someone Other Than the Marine.
## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000</td>
<td>3-3</td>
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</tbody>
</table>

## SUPPORT FOR PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3001</td>
<td>3-3</td>
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</tbody>
</table>

## REQUIRED PREREQUISITES

<table>
<thead>
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<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3002</td>
<td>3-3</td>
</tr>
</tbody>
</table>

## DEPENDENCY FACTORS

<table>
<thead>
<tr>
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<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3003</td>
<td>3-4</td>
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</table>

## IN LOCO PARENTIS STATUS

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3004</td>
<td>3-4</td>
</tr>
</tbody>
</table>

## ANNUAL REVIEW FOR DEPENDENCY OF PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3005</td>
<td>3-5</td>
</tr>
</tbody>
</table>

## CHECKLIST FOR SUBMITTING NAVMC FORM 10922

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3006</td>
<td>3-5</td>
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</tbody>
</table>

## FIGURE

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1</td>
<td>DEPENDENCY STATEMENT – PARENT, DD FORM 137-3</td>
<td>3-6</td>
</tr>
<tr>
<td>3-2</td>
<td>IN LOCO PARENTIS AFFIDAVIT</td>
<td>3-11</td>
</tr>
<tr>
<td>3-3</td>
<td>CHECKLIST FOR SUBMITTING A DEPENDENCY APPLICATION, NAVMC FORM 10922 FOR PARENTS</td>
<td>3-12</td>
</tr>
<tr>
<td>3-4</td>
<td>A DEPENDENCY APPLICATION, NAVMC FORM 10922 SUBMITTED FOR CLAIMING A MOTHER AS A DEPENDENT</td>
<td>3-13</td>
</tr>
</tbody>
</table>
This page intentionally left blank.
3000. **GENERAL INFORMATION.** Only the CMC (MRP-1) can determine the dependency involving parents, parents-in-law, stepparents, adoptive parents, or persons who stood “in loco parentis” for entitlement to BAH, travel, and transportation allowances.

3001. **SUPPORT FOR PARENTS/PARENTS-IN-LAW/STEEPPARENTS/ADOPTIVE PARENTS.** There is no legal requirement for Marines to support their parents, parents-in-law, stepparents, or adoptive parents, although it is within the Marine’s discretion to do so. No provision exists for the payment of BAH on behalf of parents or parents-in-law, unless the Marine requests it, and it is approved by the CMC (MRP-1).

3002. **REQUIRED PREREQUISITES.** The CMC (MRP-1) will determine if the Marine’s parents, parents-in-law, stepparents, or adoptive parents meet the prerequisites required for approval of dependency. The commanding officer is responsible for ensuring that the Marine’s application, NAVMC Form 10922, is submitted with a Dependency Statement - Parent, DD Form 137-3 (figure 3-1), completed by the parents/parents-in-law, and notarized. Those persons who have stood in loco parentis must complete an In Loco Parentis Affidavit, figure 3-2, which may be produced locally. Approval will normally be granted if:

1. The parents, parents-in-law, stepparents, or adoptive parents, were dependent on the Marine for more than 50 percent of their monthly support prior to the Marine’s entry on active duty.

2. If the parent was not dependent upon the Marine prior to the Marine’s entry on active duty, a change of circumstances (i.e., loss of job, death of supporting spouse, etc.) must have occurred whereby the parent had become dependent on the Marine as the principal means of support. BAH will be approved from the date sufficient support was provided.

3. The parents’, parents’-in-law, stepparents’, or adoptive parents’, income from sources other than the Marine’s contribution is less than 50 percent of the natural parent’s monthly expenses.

4. The support provided by the Marine is more than 50 percent of the parent’s monthly expenses.
3003. DEPENDENCY FACTORS. When applying for BAH for dependent parents, parents-in-law, stepparents, or adoptive parents, the Marine should be aware of the following:

1. Unliquidated capital assets are not considered income, and parents are not required to deplete these assets as a condition of establishing dependency. However, proceeds derived from the assets (i.e., rent of property, operation of a business, dividends from stocks or bonds, etc.) are considered to be income.

2. Payments from Veterans Administration, social security, unemployment compensation, and pensions are considered as income.

3. A parent’s residence in a charitable institution does not necessarily prevent the Marine from receiving BAH, provided other conditions are met.

4. Contributions from welfare, supplemental security income or other charitable organizations are considered as income.

5. A custodial or legal guardian may complete a Dependency Statement – Parent, DD Form 137-3 (figure 3-1), for an incapacitated, hospitalized, or mentally incompetent parent.

6. If a parent dies before completing a DD137-3 (figure 3-1), payment of BAH may not be made on behalf of such parent.

3004. IN LOCO PARENTIS STATUS. Those parties who have stood “in loco parentis” for 5 continuous years, prior to the Marine’s entry on active duty or attaining 21 years of age, must complete a DD Form 137-3 (figure 3-1), and an In Loco Parentis Affidavit (figure 3-2), and attach them to the Marine’s Dependency Application NAVMC Form 10922, submitted to the CMC (MRP-1) for determination. A person who stood “in loco parentis” even though possibly approved for BAH purposes, is not an eligible dependent for an ID card authorizing any privileges.

3005. ANNUAL REVIEW FOR DEPENDENCY OF PARENTS/PARENTS-IN-LAW/STEP-PARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS.

1. The CMC (MRP-1) will annually correspond directly with the parent of the Marine who has been authorized BAH for the past year. The Marine will be provided an information copy of the annual redetermination letter to the parent. This annual review requires the parent complete a new DD Form 137-3 (figure 3-1), have it notarized, and return it to the CMC (MRP-1).
2. If upon review, it is discovered that the Marine is not providing support in an amount greater than 50 percent of the parent’s expenses or that the income of the parent from sources other than the Marine is greater than 50 percent of the parent’s expenses, BAH for the parent will be terminated. If the parent fails to furnish the affidavit within a 30-day period, BAH in behalf of the parent will be terminated.

3006. CHECKLIST FOR SUBMITTING NAVMC FORM 10922. Figure 3-3 is a checklist for the type of dependency applications covered in this chapter. It will be used by those responsible for the preparation and review of applications prior to forwarding them to CMC (MRP-1).
### DEPENDENCY STATEMENT - PARENT

**CONTROL NUMBER**

<table>
<thead>
<tr>
<th>Type</th>
<th>USIP Card</th>
<th>Last Application Was</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAH</td>
<td>YES</td>
<td>APPROVED</td>
</tr>
<tr>
<td>TRAVEL ALLOWANCE</td>
<td>NO</td>
<td>DISAPPROVED</td>
</tr>
</tbody>
</table>

**MEMBER INFORMATION**

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>SSN</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STATUS** (X and complete as applicable)

- ACTIVE DUTY
- NATIONAL GUARD
- ARMY
- NAVY
- DECEASED (Date of death) (YYYYMMDD)
- RESERVE
- MARINE CORPS
- AIR FORCE
- OTHER (Specify)

**COMPLETE RESIDENCE ADDRESS** (Street, Apartment Number, City, State, ZIP Code)

**COMPLETE MILITARY ADDRESS** (Include assignment: squadron and base)

**TELEPHONE NUMBERS** (Include DSN or Area Code)

<table>
<thead>
<tr>
<th>Work</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMAIL ADDRESS**

**MARITAL STATUS** (X one)

- SINGLE
- SEPARATED
- WIDOWED
- MARRIED
- DIVORCED

**PARENT(S) INFORMATION**

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>SSN</th>
<th>Date of Birth (YYYYMMDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RELATIONSHIP**

**DD FORM 137-3, MAY 2001 REQUIRES**

- BAH
- USIP CARD
- TRAVEL ALLOWANCE
- APPROVED
- DISAPPROVED

**NOTES:**

- Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member’s contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.

**INSTRUCTIONS**

The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member’s death.

**DISCLOSURE:** Voluntary; however, the SSN is used for positive identification and if the required information is not furnished, the member’s application may be disapproved.
### 3. PARENT(S) INFORMATION (Continued)

<table>
<thead>
<tr>
<th>a.</th>
<th>COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)</td>
</tr>
</tbody>
</table>

| 6. TELEPHONE NUMBER (Include Area Code) | 6. TELEPHONE NUMBER (Include Area Code) |

| 7. PRESENT OCCUPATION OR BUSINESS | 7. PRESENT OCCUPATION OR BUSINESS |

| 8. NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason, date unemployment began, and date employment is expected to resume.) | 8. NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason, date unemployment began, and date employment is expected to resume.) |

<table>
<thead>
<tr>
<th>e. MARITAL STATUS (X one)</th>
<th>d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION (YYYYMMDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>DIVORCED</td>
</tr>
<tr>
<td>SINGLE</td>
<td>LIVING APART UNDER LEGAL SEPARATION</td>
</tr>
<tr>
<td>WIDOWED</td>
<td></td>
</tr>
</tbody>
</table>

| e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON: |

<table>
<thead>
<tr>
<th>1. CHILDREN</th>
<th>(List all parent’s living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) NAME (Last, First, Middle Initial) (2) SSN (Service Members Only) (3) BRANCH OF SERVICE (If on Active Duty) (4) MONTHLY CONTRIBUTION TO PARENT</td>
</tr>
</tbody>
</table>

| g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD? (If Yes, give child’s name, SSN, and branch of service.) |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------|
| YES             | NO                                                                                                                              |

### 4. PARENT’S RESIDENCE

<table>
<thead>
<tr>
<th>a. TYPE OF RESIDENCE (X and complete as applicable)</th>
<th>b. OWNER OF RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME OR APARTMENT OF PARENT</td>
<td>(1) NAME (Last, First, Middle Initial)</td>
</tr>
<tr>
<td>HOME OR APARTMENT OF MEMBER</td>
<td>(2) ADDRESS (Street, Apartment Number, City, State, ZIP Code)</td>
</tr>
<tr>
<td>(Date began residing with member)</td>
<td></td>
</tr>
<tr>
<td>HOSPITAL OR INSTITUTION</td>
<td></td>
</tr>
<tr>
<td>OTHER (Explain)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. IS RESIDENCE SUBSIDIZED HOUSING?</th>
<th>d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS (YYYYMMDD)</th>
<th>e. IS CURRENT ADDRESS PARENT’S PERMANENT ADDRESS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td>YES (If No, explain where else parent lives and number of months there each year.)</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

DD FORM 137-3, MAY 2001

Figure 3-1B - Sample Dependency Statement - Parent, DD Form 137-3

3–7
### 5. PERSONS LIVING IN HOUSEHOLD WITH PARENT

List all persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.

<table>
<thead>
<tr>
<th>a. NAME (Last, First, Middle Initial)</th>
<th>b. RELATIONSHIP TO PARENT</th>
<th>c. AGE</th>
<th>d. MARRIED (X)</th>
<th>e. EMPLOYED</th>
<th>f. MONTHLY CONTRIBUTION TO PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

### 6. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member’s household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent does not reside in member’s household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter “None” in mortgage/rent/FRV block.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>(1) PRESENT MONTHLY EXPENSE</th>
<th>(2) TOTAL EXPENSE FOR PAST 12 MONTHS</th>
<th>ITEM</th>
<th>(1) PRESENT MONTHLY EXPENSE</th>
<th>(2) TOTAL EXPENSE FOR PAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td>d.</td>
<td>FURNITURE AND APPLIANCES</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td>e.</td>
<td>REPAIRS ON HOME</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td>f.</td>
<td>OTHER (Itemize in Remarks section)</td>
<td></td>
</tr>
<tr>
<td>a. (X one)</td>
<td></td>
<td></td>
<td>d.</td>
<td>FURNITURE AND APPLIANCES</td>
<td></td>
</tr>
<tr>
<td>MORTGAGE (Specify amount)</td>
<td></td>
<td></td>
<td>e.</td>
<td>REPAIRS ON HOME</td>
<td></td>
</tr>
<tr>
<td>TAX INSURANCE</td>
<td></td>
<td></td>
<td>f.</td>
<td>OTHER (Itemize in Remarks section)</td>
<td></td>
</tr>
<tr>
<td>b. FOOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. UTILITIES (Heat, power, water, and telephone)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. PARENT’S PERSONAL EXPENSES

List personal expenses for parent, parent’s spouse, and their unmarried minor children who are not fully employed and who live in the same household. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the parent’s personal expenses regardless of who is paying for them.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>(1) PRESENT MONTHLY EXPENSE</th>
<th>(2) TOTAL EXPENSE FOR PAST 12 MONTHS</th>
<th>ITEM</th>
<th>(1) PRESENT MONTHLY EXPENSE</th>
<th>(2) TOTAL EXPENSE FOR PAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td>g.</td>
<td>PRIVATE AUTO PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td>h.</td>
<td>MONTHLY TRANSPORTATION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td>i.</td>
<td>SCHOOL EXPENSES (Itemize)</td>
<td></td>
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<tr>
<td>d.</td>
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<td></td>
<td></td>
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<tr>
<td>e.</td>
<td></td>
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<tr>
<td>f.</td>
<td></td>
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<tr>
<td>g.</td>
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<tr>
<td>h.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
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</tr>
</tbody>
</table>
8. PARENT’S ASSETS

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

<table>
<thead>
<tr>
<th>a. DESCRIPTION</th>
<th>b. PRESENT VALUE</th>
<th>c. PARENT’S EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

9. PARENT’S INCOME

All gross income received by parent and parent’s spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>(1) PRESENT MONTHLY INCOME</th>
<th>(2) TOTAL INCOME FOR PAST 12 MONTHS</th>
<th>SOURCE</th>
<th>(1) PRESENT MONTHLY INCOME</th>
<th>(2) TOTAL INCOME FOR PAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. INSURANCE OR PUBLIC/GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING (Specify type and explain in Remarks section)</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment, parent’s need, age, military service, etc., in Remarks section)</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. TAX REFUNDS (Specify)</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. OTHER (Specify)</td>
<td>Parent</td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **d. IS PARENT LIQUIDATING ASSETS?** (For example, is parent withdrawing money from savings, or selling stocks and bonds?)
  - YES
  - IF YES, HOW MUCH OF PARENT’S CAPITAL IS USED MONTHLY? $ _________
  - NO
  - EXPLAIN:

- **o. HAS PARENT OR SPOUSE APPLIED FOR ANY TYPE OF PENSION, SOCIAL SECURITY, VA, DISABILITY, UNEMPLOYMENT, OR RETIREMENT PAYMENTS NOT YET RECEIVED?** (If Yes, explain.)
  - YES
  - NO

IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS (Unmarried widow or widower, 60 or older, retired, 62 or older, but does not receive them, furnish disallowance letter from the Social Security Administration.

Figure 3-1D - Sample Dependency Statement - Parent, DD Form 137-3
## 10. MEMBER'S CONTRIBUTION

- **a.** SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BHALF FOR EACH OF THE PAST 12 MONTHS.

<table>
<thead>
<tr>
<th>MONTH AND YEAR</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **b.** MEMBER PROVIDES SUPPORT BY (X one)

<table>
<thead>
<tr>
<th>ALLOTMENT</th>
<th>PERSONAL CHECK</th>
<th>MONEY ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Verification documentation is required for BAH claims**

## 11. REMARKS (Use back if necessary)

1. MEMBER PROVIDES SUPPORT BY
   - **(X one)**

2. ALLOTMENT
   - PERSONAL CHECK
   - MONEY ORDER

(read the penalty provisions, sign and date the form, and have it notarized.)

**NOTE:** Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

## 12. SIGNATURES

- **a.** PARENT(S)

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YYYYMMDD</td>
</tr>
</tbody>
</table>

will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.

- **b.** NOTARY PUBLIC

  Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

  This ___________ day of _____________, ________, at city (or town) of ____________, county of ____________.

  and state (or territory) of _____________.

  ____________________________
  (Notary)

  ____________________________
  (Official Seal)

- **c.** MEMBER

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YYYYMMDD</td>
</tr>
</tbody>
</table>
IN LOCO PARENTIS AFFIDAVIT

Because you are not the natural parent of the Marine, it is necessary for you to answer the questions listed below in addition to those questions in the Dependency Statement - Parent (DD Form 137-3).

I, ________________________________ do hereby swear (affirm) that:

1. On or about the _____ day of ______, 19____, ______________________________ came to live in my home and continued to live with me until _______________.

2. My relationship to the Marine is ____________________.

3. During the period of time specified in paragraph 1, the Marine was/was not (circle one) under my parental control.

4. The circumstances under which the Marine became a member of my household under my custody are as follows:

____________________________________________________________________

____________________________________________________________________

5. The parents of the Marine are/are not (circle one) living. If living, state the extent to which they have maintained control over and responsibility for the Marine, including support contributions:

____________________________________________________________________

____________________________________________________________________

6. The name and address of the Marine's natural parents, if living:

____________________________________________________________________

7. I am/am not (circle one) the legally appointed guardian of the Marine. (Submit a certified copy of the court order of adoption or guardianship.)

8. (Use this space and back page for any additional information you may wish to submit.)

__________________________   ____________________________
(Date)                        (Signature)

Figure 3-2 – In Loco Parentis Affidavit.
Has the completed and notarized Dependency Statement - Parent, DD Form 137-3 (figure 3-1), been attached to the application? Has the completed In Loco Parentis Affidavit (figure 3-2) been attached to the application?

Has the Marine’s parent(s)/parents-in-law completed the DD Form 137-3 (figure 3-1) and has the person(s) who stood in loco parentis also completed an In Loco Parentis Affidavit (figure 3-2)?

Has the Marine been counseled concerning the prerequisites that must be met before a parent or person who stood in loco parentis (person(s) who acted in place of Marine’s parent’s for 5 continuous years while the Marine was under 21 years of age and prior to the Marine’s entry on active duty), or parent-in-law can be determined an eligible dependent for BAH purposes?

Have dependent ID cards been issued? If so, recover them. Parents/parents-in-law are not entitled to ID cards until the BAH is approved by the CMC (MRP-1).

Have all the attached documents been mentioned in the Certification Section of the Dependency Application, NAVMC Form 10922?

Has attesting officer viewed all the attached documents and signed the NAVMC Form 10922?

Has the commanding officer signed the application and checked the appropriate box for the CMC (MRP-1) determination?
**Figure 3-4a – A Dependency Application, NAVMC Form 10922, Submitted for Claiming a Mother as a Dependent.**

**DEPENDENCY DETERMINATION AND BAH MANUAL**

**DEPENDENCY APPLICATION (1751)**
NAVMC 10922 (REV. 4-01) (EF)
(Supersedes all previous editions which are obsolete and will not be used)
SN: 0109-LF-984-9800

---

**INSTRUCTIONS**
WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET

**DATE OF APPLICATION**
20010609

**REASON FOR THIS APPLICATION**

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF DEPENDENT</th>
<th>COMPLETE ADDRESS</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>DATE ALLOWANCE CLAIMED FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JILL ELISE MARINE</td>
<td>123 FOURTH ST</td>
<td>MOTHER</td>
<td>20021940</td>
<td>20010608</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>JACKSONVILLE NC 28540</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<td>4</td>
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</tbody>
</table>

---

**SECTION 3 CUSTODIAN INFORMATION**
Furnish the following information concerning custodian of any dependent named above.

---

**SECTION 4 MARTIAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY**

---

**INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)**

---

**IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.**

---

**IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/Maintenance/Paternity?**

- [ ] NO
- [x] YES

IF YES, STATE DATE AND PLACE (COUNTY AND STATE) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.
Figure 3-4b – A Dependency Application, NAVMC Form 10922, Submitted for Claiming a Mother as a Dependent.
# DEPENDENCY DETERMINATION AND BAH MANUAL

## CHAPTER 4

### DEPENDENTS OF MARINES IN A NONPAY STATUS

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL INFORMATION</td>
<td>4000</td>
</tr>
<tr>
<td>ADMINISTRATIVE INSTRUCTIONS</td>
<td>4001</td>
</tr>
<tr>
<td>MARINE IN PRETRIAL CONFINEMENT IN A FOREIGN COUNTRY</td>
<td>4002</td>
</tr>
<tr>
<td>PAYMENT</td>
<td>4003</td>
</tr>
</tbody>
</table>

### FIGURE

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-1</td>
<td>SAMPLE FORMAT FOR A LETTER TO NOTIFY ADULT DEPENDENT OF THE RIGHT TO BE PAID BAH.</td>
</tr>
<tr>
<td>4-2</td>
<td>SAMPLE FORMAT OF APPLICATION FOR BAH, MEMBER IN A NONPAY STATUS</td>
</tr>
<tr>
<td>4-3</td>
<td>SAMPLE FORMAT OF A BAH APPLICATION FOR MEMBER IN A NONPAY STATUS IN PRETRIAL CONFINEMENT IN A FOREIGN COUNTRY. BAH PREVIOUSLY PAID FOR A TWO MONTH PERIOD</td>
</tr>
<tr>
<td>4-4</td>
<td>MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION, NAVMC FORM 11116</td>
</tr>
</tbody>
</table>
This page intentionally left blank.
4000. **GENERAL INFORMATION**

1. A dependent of a Marine who is not residing in Government Housing, and is living in a household maintained by the Marine, for which the Marine is receiving BAH, may request to be paid BAH directly; if all of the following conditions exist for 30 or more days:
   
   a. Marine has entered an unauthorized absence status,
   b. Marine is in the hands of civil authorities, or
   c. Marine is in pretrial confinement in a foreign country.

2. This benefit is only authorized for Marines in pay grade E-1 through E-4 with 4 years or less active duty. Payment of BAH not to exceed 2 months from the first day of absence. Exceptions to this policy will be considered for any enlisted Marine in pretrial confinement in a foreign country, and should be requested from the CMC (MRP-1) on a case-by-case basis when extreme financial hardship for the dependent exists.

4001. **ADMINISTRATIVE INSTRUCTIONS**

1. After a 30 day absence, the commanding officer is responsible for notifying the primary next of kin dependent, by letter, of their right to make application for BAH during the Marine’s absence. See figure 4-1 for a sample letter. Figure 4-2 or 4-3, as applicable, should be enclosed with the letter for completion and returned to the Marine’s commanding officer.

2. The dependent’s application for BAH (figure 4-1) must be received at CMC (MRP-1) within 90 days after the date the absence commenced for a determination of eligibility. If the command failed to notify the proper dependent in a timely manner of the right to apply for BAH, and that failure resulted in the late receipt of the application after the 90-day stipulation, the Marine’s commanding officer will request the CMC (MRP-1) to waive the 90-day limitation. The request must contain information concerning the reason for the delay and the date the dependent was actually notified.
3. A request to the CMC (MRP-1) for BAH in excess of 60 days must include the appropriate documentation shown in figure 4-2 or 4-3. The following applies:

   a. an itemized list of monthly expenses, and

   b. a notarized statement made and signed by the dependent itemizing the income from all sources.

Payment of BAH in excess of 60 days is only authorized for Marines in pretrial confinement in a foreign country. Once a determination is made, the CMC (MRP-1) will notify the Marine’s commanding officer of the decision. The commanding officer will in turn notify the dependent of the decision.

4. After the completed form shown in figure 4-2 or 4-3 is received by the commanding officer, the finance officer will be notified. Commands not located in the same geographical location as the finance officer are authorized to submit all pertinent information to the finance officer.

4002. MARINE IN PRETRIAL CONFINEMENT IN A FOREIGN COUNTRY. Payments of BAH for a Marine in pretrial confinement in a foreign country can be authorized by the commanding officer for enlisted members in the grades of E-1 through E-4, with 4 years or less active duty. A Marine in the grade of corporal and higher with 4 years or more active duty must have approval from the CMC (MRP-1) for payment. These payments are not to exceed 2 months without further approval from the CMC (MRP-1).

4003. PAYMENT. Payment will be accomplished by the commanding officer’s submission of a Miscellaneous Military Pay Order/Special Payment Authorization, NAVMC Form 11116, to the finance officer. See figure 4-4.
Dear:  

I regret that your (RELATIONSHIP), (GRADE, NAME) USMC, is still (absent without leave from this organization; in pretrial confinement in a foreign country; in the hands of civil authorities). Public law authorizes the payment of Basic Allowance for Housing (BAH) directly to the adult next of kin. Under certain circumstances, you may be entitled to this allowance, which is not to exceed 2 months.

Enclosed is an application for (NAME of SNM)’s BAH. Please complete this enclosure, have it notarized, and return it to me in the enclosed envelope no later than (60 days). If approved, payment will be made directly to you.

*If your spouse’s pretrial confinement should exceed 60 days and you are suffering a financial hardship, you may submit an additional request for BAH.

I regret that you must suffer the hardships associated with your (RELATIONSHIP)’s situation. If I may be of further assistance to you, please do not hesitate to contact me at the address above.

Sincerely,

JOE J. MARINE
Major, U.S. Marine Corps
Commanding

Encl:
(1)
(2)

*Use only if applicable

Figure 4-1 – Sample Format of Letter to Notify Adult Dependent of the Right to be Paid BAH.
Application for BAH Pursuant to
Public Law 93-64 and DODFMR par. 30251

Part A: Completed by Command

(DATE)

Marine’s Name ____________________________

(LAST) (FIRST) (M) (SSN) (RANK/GRADE)

1. Nonpay Status ( ) UA ( ) IHCA ( ) Pretrial Confinement in a Foreign Country

2. Name of Dependent ________________________

(LAST) (FIRST) (M) (RELATIONSHIP)

(COMPLETE ADDRESS)

3. Date of Nonpay Status _______________________

(DAY) (MONTH) (YEAR)

(SIGNATURE OF COMMANDING OFFICER)

Part B: Completed by Dependent

(DATE)

1. ☐ It is requested that as a result of _______ status, I be paid BAH.

2. ☐ I certify that the Marine listed above is not residing with or has not joined me at my residence.

(SIGNATURE OF DEPENDENT)

Part C: Completed by Notary

Subscribed and duly sworn to (or affirmed) before me according to law by the above-named affiant this _____ day of ________, 20____ at city (or town) of ______________ county of ______________ and state of _______.

My commission expires: __________________________

(SIGNATURE OF NOTARY)

Figure 4-2 – Sample Format of Application for BAH, Member in a Nonpay Status.
Application for BAH Pursuant to
Public Law 93-64 and DODFMR 7000.15-R, ****par. 30251

Part A: Completed by Command

_______

Marine’s Name________________________________________________________

(LAST) (FIRST) (M) (SSN) (RANK/GRADE)

1. Nonpay Status _______ Pretrial Confinement in a Foreign Country

2. Name of Dependent____________________________________________________

(LAST) (FIRST) (M) (RELATIONSHIP)

____________________________________________________

(COMPLETE ADDRESS)

3. Date of Nonpay Status _________________________________________________

(DAY) (MONTH) (YEAR)

____________________________________________________

(SIGNATURE OF COMMANDING OFFICER)

Part B: Completed by Dependent

_______

1. □ Request that I be provided BAH in addition to the 2 months previously authorized because of financial hardship.

2. □ I certify that the Marine listed above is not residing with or has not joined me at my residence.

____________________________________________________

(SIGNATURE OF DEPENDENT)

Part C: Completed by Notary

Subscribed and duly sworn (or affirmed) before me according to law by the above-named affiant this _____ day of __________ 20____ at city (or town) of ____________________ county of ________________ and state of ___________.

My commission expires: ____________________________________________________

____________________________________________________

(SIGNATURE OF NOTARY)

Figure 4-3 – Sample Format of a BAH Application for Member in a Nonpay Status in Pretrial Confinement in a Foreign Country.
Figure 4-4 – Sample Miscellaneous Military Pay Order/Special Payment Authorization, NAVMC Form 11116.
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5000. GENERAL INFORMATION. On each occasion a dependent is gained or lost, members of the Marine Corps Reserve will submit a Dependency application, NAVMC Form 10922, under the same regulations as active duty members; however, the date the allowance is claimed from will be left blank for the purpose of mobilization, entry on active duty for training, or for reenlistment to active duty.

5001. APPROVAL LEVEL OF THE DEPENDENCY APPLICATION, NAVMC FORM 10922

1. Commanding officers of separate companies, detachments, squadrons, etc., that are located apart from their parent commands are authorized to approve NAVMC Form 10922 authorized for command approval. Forward NAVMC Form 10922 directly to the CMC (MMSB-20).

2. NAVMC Form 10922s requiring the CMC (MRP-1) approval or diary action are to be forwarded with the appropriate blocks marked in the “Approving Authority” section.

5002. RECORDS. Each OQR and SRB must contain a current NAVMC Form 10922 for Marines in receipt of BAH at the dependent rate, listing all the Marine’s dependents. Each dependent must reflect an approval or disapproval from the commanding officer or the CMC (MRP-1), as applicable. Upon determination of each NAVMC Form 10922, the CMC (MRP-1) will return a copy to the originating command for inclusion in the Marine’s SRB or OQR.

5003. CHECKLIST FOR SUBMITTING DEPENDENCY APPLICATIONS, NAVMC FORM 10922. The applicable checklists in chapters 1 through 3 should be used, as appropriate.
# DEPENDENCY DETERMINATION AND BAH MANUAL

## CHAPTER 6

### DEPENDENT SUPPORT

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6000. **GENERAL INFORMATION.** The provisions of this chapter apply to the support of dependents of Marines, including complaints of nonsupport or inadequate support, involuntary child and spousal support allotments, and garnishment of pay for enforcement of child and spousal support obligations.

6001. **INFORMATION AND POLICY FOR THE SUPPORT OF DEPENDENTS.** All Marines are expected to provide adequate and continuous support for their lawful dependents and comply with the terms of separation/property settlement agreements and court orders. The policy of the Marine Corps regarding financial support of family members is set forth in Chapter 15 of the current version MCO P5800.16A (LEGADMINMAN). Failure to do so is punishable under Article 107 (False Official Statement) and Article 121 (Larceny) of the Uniform Code of Military Justice (UCMJ).

6002. **ALIMONY AND CHILD SUPPORT**

1. Regulations regarding dependents for whom BAH or other allowances are payable, are defined in the Department of Defense Financial Management Regulation 700.15-R (DODFMR), Volume 7A, Chapter 26. For purposes of qualifying for BAH, a former spouse is not a dependent even though alimony has been decreed. Marines are expected to comply with the terms of court orders or divorce decrees which adjudge payments of alimony, even though BAH is not payable until the responsibility for compliance is terminated by a civil court or competent jurisdiction or by written agreement between the persons concerned.

2. If the decree is silent as to alimony payments, it is presumed that the court intended no such payments.

3. Where a valid court order exists, and the Marine concerned is financially unable or refuses to comply, the Marine will be advised that noncompliance with the terms of that order renders the Marine liable to further action by civil courts and UCMJ, as well as adverse administrative action per reference (b).

4. The duty of Marines to support their minor children is not terminated by desertion or other misconduct on the part of the spouse. Similarly, the obligation to support a child or children is not eliminated or reduced by dissolution of the marriage through divorce; unless the judicial decree
or order specifically terminates or alters the Marine’s support obligation. The fact that a divorce decree is silent relative to support of minor children, or does not mention a child or children, will not be interpreted as relieving the Marine of the inherent obligation to provide support for the child(ren) of the marriage.

6003. COMPLAINTS OF NONSUPPORT OR INADEQUATE SUPPORT OF DEPENDENTS

1. All complaints alleging nonsupport or inadequate support of dependents will be promptly acknowledged and the complainant shall be informed of the action taken in accordance with chapter 15 of MCO P5800.16A.

2. Upon receipt by the CMC (MRP-1) of a complaint alleging that a Marine is not adequately supporting lawful dependents, the Marine’s command will be notified of the complaint and will be directed to interview and counsel the Marine regarding support obligations. The command will be directed to respond to the alleged complaint and provide all supporting documentation to the CMC (MRP-1). If the member has previously been the subject of a similar allegation, the member’s command will be notified by the CMC (MRP-1). Servicemembers should be advised by their command of the complaint, and appropriate action should be taken within the time period required by MCO P5800.16A.

3. The Marine concerned should be advised that in the absence of a determination by a civil court or a mutual agreement of the parties, the amount of support provided to a dependent should not be less than the BAH received on behalf of that dependent.

   a. If in receipt of BAH-Diff for payment of child support, support may not be less than the amount received for that dependent.

   b. If in receipt of BAH-With, support should be in compliance with reference (b).

6004. GARNISHMENT PROCEDURES FOR ENFORCEMENT OF CHILD SUPPORT AND ALIMONY OBLIGATIONS

1. Information pertaining to the pay of servicemembers, active and retired, may be found in DFAS P2220.31-R, subject to legal process for the enforcement of child support or alimony payment. "Legal process" may be in the form of garnishment, attachment, wage assignment, orders to withhold and delivery, and other forms.
2. Upon receipt of such legal process, it will be forwarded immediately to the Director, Defense Financing and Accounting Service Cleveland, Attention: DFAS-GAG/CL, P.O. Box 998002, Cleveland, OH 44199-8002. The letter of transmittal will state the date of service and method by which service was made.
CHAPTER 7

ALLOWANCE FOR HOUSING TO SURVIVING DEPENDENTS

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7000. **ELIGIBILITY**

1. Effective 1 January 1998, an allowance for housing will be paid to dependents of Marines who die in the line of duty when one of the following conditions exists:

   a. the dependents do not occupy Government housing on the date of death,

   b. the dependents are occupying Government housing on rental basis on the date of death,

   c. the dependents vacate Government housing within 180 days of the Marine’s death, or

   d. the dependents cannot be claimed by another servicemember for BAH.

2. The allowance terminates 180 days after the date of the Marine’s death.

3. When the Marine is killed by a dependent(s), BAH is not payable to that dependent(s) unless there is evidence which clearly absolves said dependent(s) of any felonious intent.

7001. **PRIORITY OF PAYMENT.** Payments to the surviving dependent(s) will be made in the following order:

1. Current spouse (not including a military spouse eligible to receive housing allowances for the same dependent(s) as the deceased Marine).

2. If there is no current spouse, the housing allowance will be divided equally among the dependent(s) on whose behalf the Marine was entitled to receive “with-dependents” BAH.

7002. **AMOUNT AND METHOD OF PAYMENT**

1. The allowance shall be paid in the same amount and in the same manner as the deceased Marine would have been paid and may be paid in a lump sum as an advance payment. For payment of BAH, see DODFMR, volume 7A.
2. Examples are:

   a. Marine died 5 January 1999, and dependents vacated nonrental Government housing on 12 February 1999. Pay BAH to the dependents at the appropriate monthly rate for 12 February through 4 July 1999, which is the 180th calendar day after the date of death.

   b. Marine died 16 March 1999, the Marine’s dependents did not occupy Government family-type housing. Pay BAH to the dependents for the period beginning 17 March through 12 September 1999, a total of 180 calendar days. The dependents would receive 14 days in March, the entire 30/31 days for the months of April, May, June, July, and August, and 12 days in September.

   c. Payments under this section are not subject to collection of any debts owed by the deceased member to the United States.
DEPENDENCY DETERMINATION AND BAH MANUAL

APPENDIX A

DEFINITIONS

**ABSENT PARENT** - Any individual who is absent from the home and has a duty to provide financial support for a dependent child(ren), more commonly referred to as non-custodial parent (NCP) or obligor.

**ADJUDICATION** - The entry of a judgment, decree or order by a judge or other decision maker such as a master, referee, or hearing officer based on the evidence submitted by the parties.

**ADMINISTRATIVE PROCESS** - A statutory system granting authority to an executive agency to determine child(ren) support legal obligations, including paternity, establishment, order establishment, enforcement, and modification.

**AFFIDAVIT** - A written statement signed under oath or by affirmation, which is usually notarized.

**ALLEGED FATHER** - A person who has been named as the father of a child(ren) born out of wedlock, but who has not been legally determined to be the father; also referred to as putative father.

**ARREARAGE** - The total unpaid support obligation for past periods owed by an absent parent.

**BAH DIFF** - An entitlement for child support, based on the member’s rank.

**CUSTODY** - Legal custody is a legally binding determination, which establishes with whom a child(ren) should live. Physical custody is where the person has physical possession of the child(ren), regardless of the legal custody status. Joint custody occurs when two persons share legal and/or physical custody of the child(ren). Split custody occurs when the child(ren) from the same parents are in the legal, sole custody of more than one person.

**CUSTODIAL PARENT** - A parent who has primary care of the child(ren), which may include having legal custody of the child(ren).

**DECREES** - The judicial decision of a litigated action, usually in “equitable” cases such as divorce (versus cases in law in which judgments are entered).

**DECREES NISI OF DIVORCE** - A divorce effective at a specified time unless previously modified or voided by cause shown, further proceedings, or a condition fulfilled (decree).
DEFAULT – The failure of a defendant to file an answer or appear in a civil case within the prescribed time after having been properly served with a summons and complaint.

DEFAULT JUDGMENT – A decision made by the court or administrative authority when the defendant fails to respond or appear.

DEPENDENCY DETERMINATION – A financial decision made to determine if the dependent is financially dependant upon the sponsor for sufficient monthly support.

DEPENDENT – A person who relies upon a servicemember for their financial support.

DEPENDENT CHILD/CHILDREN – Child/Children born out of wedlock.

DISABLED – Any restriction or lack of ability to perform an activity in the manner and within the range considered normal for a human being.

DIVORCE – The legal separation of a husband and wife affected by the judgment or decree of a court.

FOREIGN DIVORCE – A divorce obtained out of the United States and its territories.

GARNISHEE – The person who is responsible for the payment of monies to the garnishment.

GARNISHMENT – A legal proceeding whereby a person’s property, money or credit, in the possession of or under the control of a third party, is withheld from the garnishee and is applied to the payment of the defendant’s debt.

IHCA – In the Hands of Civil Authorities.

INCAPACITATE – To limit in ability, power, or fitness; disable.

IN LOCO PARENTIS – Acting as a parent by assuming parental duties and responsibilities.

INTERLOCUTORY DECREE OF DIVORCE – Pronounced during the progress of a legal action and having only provisional force.

LEGAL FATHER – A man who is recognized by law as the male parent of another person.

LEGITIMATE CHILD/CHILDREN – Child/Children born of a legal marriage.
PATERNITY - Legal determination of fatherhood.

PRE-ADOPTIVE - See Ward.

SPOUSAL SUPPORT - Court ordered support of a spouse or former spouse; also referred to as maintenance or alimony.

WAGE WITHHOLDING - A procedure by which automatic deductions are made from wages or income to pay a debt such as child support; may be voluntary or involuntary.

WARD - An unmarried person who is placed in the legal custody of the member, or former member, as a result of an order of a court of competent jurisdiction in the United States (or a territory or possession of the United States) for a period of at least 12 consecutive months and either:

a. has not attained the age of 21;

b. has not attained the age of 23 and is enrolled in a full-time course of study at an institution of higher learning approved by the administering Secretary; or

c. is incapable of self support because of a mental or physical incapacity that occurred while the person was considered a dependent of the member or former member; and,

d. is dependent on the member or former member for over one-half of the person’s support;

e. Resides with the member, or former member, unless separated by the necessity of military service or to receive institutional care as a result of disability or incapacitation; and,

f. is not a dependent of a member or a former member under any other subparagraph.