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MRP-1  
24 Dec 03

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.

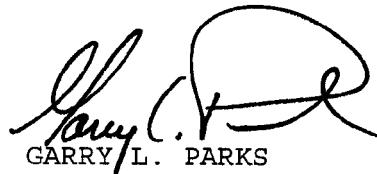
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(BAH) MANUAL

5. Certification.

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

A handwritten signature in black ink, appearing to read "Garry L. Parks", is written over the printed name.

GARRY L. PARKS  
Deputy Commandant for Manpower and  
Reserve Affairs

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LOCATOR SHEET

Subj: DEPENDENCY DETERMINATION AND BASIC ALLOWANCE FOR HOUSING (BAH)  
MANUAL

Location: \_\_\_\_\_  
(Indicate the location(s) of the copy(ies) of this Manual.)

ENCLOSURE (1)

DEPENDENCY DETERMINATION AND BAH MANUAL

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

# DEPENDENCY DETERMINATION AND BAH MANUAL

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## DEPENDENCY DETERMINATION AND BAH MANUAL

### 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 step-child(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 than 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).

DEPENDENCY DETERMINATION AND BAH MANUAL

CHAPTER 1

MEMBER'S SPOUSE AND CHILDREN/WARDS

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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 1

#### MEMBER'S SPOUSE AND CHILDREN/WARD

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.

# DEPENDENCY DETERMINATION AND BAH MANUAL

## 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 MRP-1, 3280 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 began \_\_\_\_\_ If not in Marine's household, explain on reverse.

4. INCOME 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		

EXPENSES OF ABOVE CHILD(REN) ONLY

ITEM	MONTHLY	YEARLY
1. Rent (Pro Rate)		
2. Food (Pro Rate)		
3. Utilities (Pro Rate)		
4. Clothing		
5. School Expenses		
6. Medical		
7. Dental		
8. Miscellaneous (specify)		

**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

Designed using FormFlow 2.22, HQMC/ARSE, Sep 01

Figure 1-1. -- Sample NAVMC Form 11346, Children's Dependency Determination Affidavit.

# DEPENDENCY DETERMINATION AND BAH MANUAL

YES	NO	CHECKLIST FOR THE SUBMISSION OF <a href="#">NAVMC Form 10922</a>
		1. Have all appropriate blocks on the <a href="#">NAVMC Form 10922</a> been completed as shown?
		2. Have all applicable documents been listed in the Certification Section of the <a href="#">NAVMC Form 10922</a> ?
		3. Have the documents been viewed and attached?
		4. For a dependent previously claimed on the <a href="#">NAVMC Form 10922</a> being submitted, does the Certification Section indicate that pertinent documents were previously viewed?
		5. Is a marriage certificate attached to the application? <b>NOTE:</b> A marriage license is not acceptable.
		6. Is effective date of each final divorce decree prior to the date of the marriage?
		7. If not, is there a determination document from the civil court attached that shows the marriage to be valid?
		8. Is this a divorce from a foreign nation?
		9. If so, is a copy of the determination from a civil court attached that shows the divorce is valid?
		10. Or that the Marine's marriage is valid?
		11. 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?
		12. Is a certified copy of each child's birth certificate attached?
		13. Has the Children's Dependency Determination Affidavit, <a href="#">NAVMC Form 11346</a> , been completed by the physical custodian for the adopted child, stepchild, or child born out of wedlock?
		14. If a child born out of wedlock is involved and the Marine is not the natural parent, is a notarized statement attached? <b>NOTE:</b> 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.
		15. Has a certified copy of the adoption decree for adopted child(ren) been viewed?
		16. In ward cases, is a court order establishing guardianship for at least 12 consecutive months included?
		17. Is the parent/parent-in-law Dependency Statement, ( <a href="#">DD Form 137-3</a> , 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?
		18. Do all foreign nation documents have English translations attached?
		19. Have all the appropriate blocks on the affidavit form been completed?
		20. Is the affidavit form notarized, signed by a commissioned officer, or other official authorized to administer oaths?

Figure 1-2. -- Checklist for the Submission of NAVMC Form 10922.

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET  DATE OF APPLICATION <div style="text-align: center;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto; line-height: 30px; font-weight: bold;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS <input type="checkbox"/> LOSS (EXPLAIN IN CERTIFICATION SECTION) <input checked="" type="checkbox"/> GAIN	
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530
	2					
	3					
	4					
	5					
	6					
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.					
	DEP NO	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	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
	20010530	RENO NV	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 (Check one)	NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)		REASON (Check one)
	YOUR-SELF	SPOUSE				DEATH   ANNULMENT   DIVORCE
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?						
<input type="checkbox"/> NO						
<input type="checkbox"/> 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

Figure 1-3a - Sample Format for a Marine Who Marries, No Children or Previous Marriages Involved.

# DEPENDENCY DETERMINATION AND BAH MANUAL

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

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

UNIT OF ORIGIN	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).					
UNIT OF ORIGIN	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
		<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF	
UNIT OF ORIGIN	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.		
UNIT OF ORIGIN	_____ (Signature of Marine)			123 45 6789 (Social Security Number)		SGT (Grade)
	Subscribed and sworn before me this 10 day of June 01			_____ (Signature and Title of attesting officer )		
UNIT OF ORIGIN	<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)			T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)		
UNIT OF ORIGIN	FOR USE BY COMMAND APPROVING AUTHORITY: <input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER _____ (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) 1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)			FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: (Ensure the proper diary action taken is recorded)		FOR USE BY CMC APPROVING AUTHORITY:

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

Figure 1-3b - Sample Format for a Marine Who Marries, No Children or Previous Marriages Involved.

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE)  <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto; font-weight: bold; line-height: 30px;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input checked="" type="checkbox"/> GAIN		
SECTION 1. NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		
SECTION 2. DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530	
	2						
	3						
	4						
	5						
	6						
SECTION 3. CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.						
	DEP NO	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	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 NO OF TIMES		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 1 NO OF TIMES	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE				
	20010530	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR-SELF	SPOUSE				DEATH	ANNULMENT
	<input checked="" type="checkbox"/>		HEATHER FAY MARINE	20000311	MONTEREY CA		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	JUSTIN DAVID GRAY	20000506	MONTEREY CA		<input checked="" type="checkbox"/>
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?							
<input checked="" type="checkbox"/> NO							
<input type="checkbox"/> 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

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





# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="float: right; border: 1px solid black; padding: 2px; text-align: center; width: 30px;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> START         </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> GAIN         </div>			
NAME OF MARINE (Last, first, middle) <b>MARINE, ALONZO DEAN</b>			SSN 123 45 6789		GRADE SGT		TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
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				ECC 040612		DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		

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)	DATE ALLOWANCE CLAIMED FROM M PREVIOUSLY APPROVED, GIVE DATE OF APPROVAL
1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	Prev apprvd 20010530
2	JILL ELISE MARINE	SAME AS ABOVE	DAUGHTER	08062000	20010530
3					
4					
5					
6					

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

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
2	TONYA CAROL MARINE	MOTHER	SAME AS ABOVE

INFORMATION CONCERNING PRESENT MARRIAGE				HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?		
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES
20010530	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR- SELF	SPOUSE				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.

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 1-5a - Sample Format for a Marine Who Is Married and Acquires a Child by Birth.

# 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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).						
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, COMPLETE THE BLOCKS BELOW.						
		SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
				<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.						
						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 (Social Security Number)	
						SGT (Grade)	
						(Signature of Marine)	
						(Signature and Title of attesting officer )	
						T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)	
						(List and attach all documents viewed)	
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: <input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) 1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)						
						FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: (Ensure the proper diary action taken is recorded)	
						FOR USE BY CMC APPROVING AUTHORITY:	

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

Figure 1-5b - Sample Format for a Marine Who Is Married and Acquires a Child by Birth.

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto; line-height: 30px; font-weight: bold;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input checked="" type="checkbox"/> START <input type="checkbox"/> GAIN		
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530	
	2	JILL ELISE MARINE	SAME AS ABOVE	DAUGHTER	08062000	20010530	
	3						
	4						
	5						
	6						
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.						
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE			
	2	TONYA CAROL MARINE	MOTHER	SAME AS ABOVE			
SECTION 4: MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY	INFORMATION CONCERNING PRESENT MARRIAGE				HAVE YOU BEEN PREVIOUSLY MARRIED?		
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
	20010530	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOURSELF	SPOUSE				DEATH	ANNULMENT
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?							
<input checked="" type="checkbox"/> NO <input type="checkbox"/> 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

Figure 1-6a - Sample Format for Dependent Children Legitimized by 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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).					
SECTION 6	SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
		SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
				<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.					
		_____ (Signature of Marine)				123 45 6789 (Social Security Number)	SGT (Grade)
		Subscribed and sworn before me this 10 day of June 01				_____ (Signature and Title of attesting officer )	
		<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)				T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)	
SECTION 8	APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: <input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER		FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS		FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: (Ensure the proper diary action taken is recorded)	
		_____ (Signature of commanding officer)					
		JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)					
		ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)					

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

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

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto; font-weight: bold;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input type="checkbox"/> GAIN <input type="checkbox"/> <input checked="" type="checkbox"/> START	
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530
	2					
	3					
	4					
	5					
	6					
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.					
	DEP NO	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	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
	20010530	CANCUN, MEXICO	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)
	YOUR-SELF	SPOUSE				DEATH ANNULLMENT DIVORCE
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?						
<input type="checkbox"/> NO						
<input type="checkbox"/> 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

Figure 1-7a - Sample Format for a Foreign Marriage.



# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800		<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET <hr/> DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">G</div> <hr/> CHANGE IN DEPENDENTS (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> START           </div> <div> <input type="checkbox"/> CHANGE IN DEPENDENTS              LOSS (EXPLAIN IN              CERTIFICATION SECTION)           </div> <div> <input checked="" type="checkbox"/> GAIN           </div> </div>	
NAME OF MARINE (Last, first, middle) <b>MARINE, ALONZO DEAN</b>		SSN <div style="text-align: center;">123 45 6789</div>	GRADE <div style="text-align: center;">SGT</div>	TYPE OF SERVICE <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> USMC           <input type="checkbox"/> USMCR         </div>	
ORGANIZATION AND STATION PREPARING THIS APPLICATION 1ST BN 6TH MARINES 2D MARDIV FMFLANT CAMP LEJEUNE NC 28547			UNIT RUC <div style="text-align: center;">12160</div>	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER) <div style="text-align: center;">000613</div>	
FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC <div style="text-align: center;">040612</div>	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	

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)	DATE ALLOWANCE CLAIMED FROM 01 <small>(Previously approved, give date of approval)</small>
1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530
2					
3					
4					
5					
6					

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

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

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
20010530	WASHINGTON DC	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR- SELF	SPOUSE				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.

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).					
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
			<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.			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)
	Subscribed and sworn before me this 10 day of June 01			_____ (Signature and Title of attesting officer )		
	<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)			T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)		
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: <input type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: _____  <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER  (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)		FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: _____ _____ _____ _____ _____ _____ _____ _____ _____		FOR USE BY CMC APPROVING AUTHORITY:	

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

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

# 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  
(CHECK ONE)

G

CHANGE IN DEPENDENTS  
(Check one)

CHANGE IN DEPENDENTS  
LOSS (EXPLAIN IN  
CERTIFICATION SECTION)

☒ START

☒ GAIN

NAME OF MARINE (Last, first, middle) <b>MARINE, ALONZO DEAN</b>	SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR
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		ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY

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)	DATE ALLOWANCE CLAIMED FROM BAH (previously approved, give date of approval)
1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530
2					
3					
4					
5					
6					

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

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

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE		
20010530	WASHINGTON DC	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR- SELF	SPOUSE				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.

**ORIGINAL**

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 1-9a - Sample Format for a Common-Law Marriage.



# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto; line-height: 30px;"><b>G</b></div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input type="checkbox"/> GAIN <input type="checkbox"/>	
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1					
	2					
	3					
	4					
	5					
	6					
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.					
	DEP NO	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	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
				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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)
	YOUR-SELF	SPOUSE				DEATH ANNULLMENT DIVORCE
	<input checked="" type="checkbox"/>		TONYA CAROL MARINE	20010609	ONSLow NC	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?						
<input type="checkbox"/> NO						
<input checked="" type="checkbox"/> YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.						
20010609 ONSLOW COUNTY NORTH CAROLINA						

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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



# 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  
 (CHECK ONE)

**G**

CHANGE IN DEPENDENTS  
 (Check one)

CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN  
 CERTIFICATION SECTION) ☐ GAIN

<b>SECTION 1. NOTIFICATION</b>	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN	SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR
	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		ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY

<b>SECTION 2 DEPENDENT INFORMATION</b>	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	JILL ELISE MARINE	123 FOURTH ST JACKSONVILLE NC 28540	DAUGHTER	08061994	PREV APPR 19940608
	2					
	3					
	4					
	5					
	6					

<b>SECTION 3 CUSTODIAN INFORMATION</b>	Furnish the following information concerning custodian of any dependent named above.			
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
	1	ALONZO DEAN MARINE	FATHER	SAME AS ABOVE

<b>SECTION 4 MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY</b>	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?		
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	
				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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
	YOUR- SELF	SPOUSE				DEATH	ANNULMENT	DIVORCE
	<input checked="" type="checkbox"/>		TONYA CAROL MARINE	20010609	ONslow NC			<input checked="" type="checkbox"/>

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.

20010609 ONSLOW COUNTY NORTH CAROLINA

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 1-11a - Sample Format for a Divorced Marine, Children Involved.



# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: -20px;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input checked="" type="checkbox"/> GAIN	
NAME OF MARINE (Last, first, middle) <b>MARINE, ALONZO DEAN</b>		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		

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)	DATE ALLOWANCE CLAIMED FROM IF PREVIOUSLY APPROVED, give date of approval
1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530
2					
3					
4					
5					
6					

Furnish the follow ing information concerning custodian of any dependent named above.

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

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO OF TIMES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	NO OF TIMES
20010530	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR- SELF	SPOUSE				DEATH	ANNULMENT	DIVORCE
	<input checked="" type="checkbox"/>	CALVIN LIONEL CASSELL	20001104	JUAREZ MEXICO			<input checked="" type="checkbox"/>

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

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



# 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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).					
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
			<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.			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)
	Subscribed and sworn before me this 10 day of June 01			_____ (Signature and Title of attesting officer)		
SECTION 8 APPROVING AUTHORITY	<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)					
	FOR USE BY COMMAND APPROVING AUTHORITY: <input type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER			FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED:		FOR USE BY CMC APPROVING AUTHORITY:
	_____ (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) 1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)					

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

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

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; font-weight: bold;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <span style="float: right; border: 1px solid black; padding: 2px 5px; font-weight: bold;">G</span>  CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input type="checkbox"/> <input checked="" type="checkbox"/> START <input type="checkbox"/> GAIN		
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	20010530	
	2	JILL ELISE CASSELL	SAME AS ABOVE	STEPDAUGHTER	08061995	20010530	
	3						
	4						
	5						
	6						
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.						
	DEP NO	FULL NAME OF CUSTODIAN		RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE		
	2	TONYA CAROL MARINE		MOTHER	SAME AS ABOVE		
SECTION 4: MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES		
	20010530	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR-SELF	SPOUSE				DEATH	ANNULMENT
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?							
<input type="checkbox"/> NO							
<input type="checkbox"/> 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

Figure 1-13a - Sample Format for a Stepchild.

# DEPENDENCY DETERMINATION AND BAH MANUAL

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

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

<b>SECTION 5</b>	<b>NATURAL PARENT OF CHILD IN ARMED FORCES</b>	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).					
<b>SECTION 6</b>	<b>SPOUSE IN ARMED FORCES</b>	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
		SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
				<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
<b>SECTION 7</b>	<b>CERTIFICATION</b>	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.					
		_____ (Signature of Marine)				123 45 6789 (Social Security Number)	SGT (Grade)
		Subscribed and sworn before me this 10 day of June 01				_____ (Signature and Title of attesting officer )	
		<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)				T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)	
<b>SECTION 8</b>	<b>APPROVING AUTHORITY</b>	FOR USE BY COMMAND APPROVING AUTHORITY: <input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER		FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: (Ensure the proper diary action taken is recorded)		FOR USE BY CMC APPROVING AUTHORITY:	
		_____ (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) 1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)					

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

Figure 1-13b - Sample Format for a Stepchild.

# 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  
 (CHECK ONE)

G

CHANGE IN DEPENDENTS  
 (Check one)

CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN  
 CERTIFICATION SECTION) ☒ GAIN

NAME OF MARINE (Last, first, middle) <b>MARINE, ALONZO DEAN</b>	SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR
--	--------------------	--------------	--

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

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)	DATE ALLOWANCE CLAIMED FROM 01 previously approved give date of approval
1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	Prev apprvd 19980814
2	JILL ELISE CASSELL	SAME AS ABOVE	ADOPTED DAUGHTER	08061998	20010608
3					
4					
5					
6					

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

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
2	TONYA CAROL MARINE	MOTHER	SAME AS ABOVE

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES
19980814	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR- SELF	SPOUSE				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.

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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

# 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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO  <input type="checkbox"/> 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)).					
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
			<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.					
	_____ (Signature of Marine)		123 45 6789 (Social Security Number)		SGT (Grade)	
	Subscribed and sworn before me this <u>10</u> day of <u>June</u> <u>01</u>		(Signature and Title of attesting officer ) T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)			
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: <input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)			FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: (Ensure the proper diary action taken is recorded)		FOR USE BY CMC APPROVING AUTHORITY:

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

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

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; margin-top: 10px;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto; font-weight: bold;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input type="checkbox"/> GAIN <input checked="" type="checkbox"/>		
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1						
	2						
	3						
	4						
	5						
	6						
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.						
	DEP NO	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	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> 1 NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
				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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR-SELF	SPOUSE				DEATH	ANNULMENT
	<input checked="" type="checkbox"/>		TONYA CAROL MARINE	20010530	ONSLow NC	<input checked="" type="checkbox"/>	
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?							
<input type="checkbox"/> NO							
<input type="checkbox"/> 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

Figure 1-15a - Sample Format for Death of 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  
 (CHECK ONE)

**G**

CHANGE IN DEPENDENTS  
 (Check one)

CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN  
 CERTIFICATION SECTION)

☒ START

☒ GAIN

<b>SECTION 1: NOTIFICATION</b>	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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) 20010613	
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	

<b>SECTION 2: DEPENDENT INFORMATION</b>	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	JUSTIN DAVID MARINE	123 FOURTH ST JACKSONVILLE NC 28540	WARD MALE	14081995	20010530
	2					
	3					
	4					
	5					
	6					

<b>SECTION 3: CUSTODIAN INFORMATION</b>	Furnish the following information concerning custodian of any dependent named above.			
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
	1	ALONZO DEAN MARINE	BROTHER	SAME AS ABOVE

<b>SECTION 4: MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY</b>	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES
	NOT MARRIED			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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR- SELF	SPOUSE				DEATH	ANNULMENT

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.

DEPN #1: 20010530 ONSLOW COUNTY NORTH CAROLINA (DATE COURT ORDER FILED)

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 1-16a - Sample Format for Ward.





# DEPENDENCY DETERMINATION AND BAH MANUAL

## CHAPTER 2

### CHILDREN BORN OUT OF WEDLOCK

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DEPENDENCY DETERMINATION AND BAH MANUAL

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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 2

#### CHILDREN BORN OUT OF WEDLOCK

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.

# 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  
 (CHECK ONE)

**G**

CHANGE IN DEPENDENTS  
 (Check one)

CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN  
 CERTIFICATION SECTION)

☒ GAIN

<b>SECTION 1: NOTIFICATION</b>	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	

<b>SECTION 2 DEPENDENT INFORMATION</b>	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	JILL ELISE CASSELL	123 FOURTH ST JACKSONVILLE NC 28540	DEPENDENT DAUGHTER	08062000	20010608
	2					
	3					
	4					
	5					
	6					

<b>SECTION 3 CUSTODIAN INFORMATION</b>	Furnish the following information concerning custodian of any dependent named above.			
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
	1	TONYA CAROL CASSELL	MOTHER	SAME AS ABOVE

<b>SECTION 4 MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY</b>	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
	NOT MARRIED			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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)
	YOUR- SELF	SPOUSE				DEATH   ANNULMENT   DIVORCE

<b>SECTION 4</b>	IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?	
	<input type="checkbox"/> NO	
	<input checked="" type="checkbox"/> YES	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)

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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.





# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; font-weight: bold;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; float: right; font-weight: bold; margin-top: -20px;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS <input type="checkbox"/> LOSS (EXPLAIN IN CERTIFICATION SECTION) <input checked="" type="checkbox"/> GAIN	
SECTION 1. NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	ORGANIZATION AND STATION PREPARING THIS APPLICATION 1ST BN 6TH MARINES 2D MARDIV FMFLANT CAMP LEJEUNE NC 28547			UNIT RUC 12160	DATE OF CURRENT ENLISTMENT/APPONTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER) 000613	
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	
SECTION 2. DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	TONYA CAROL MARINE	123 FOURTH ST JACKSONVILLE NC 28540	SPOUSE	07071977	Prev 19980814
	2	JILL ELISE CASSELL	400 1ST STREET TWENTYNINE PALMS CA 92278	DEPENDENT DAUGHTER	08062000	20010608
	3					
	4					
	5					
	6					
SECTION 3. CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.					
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE		
	2	HEATHER FAY CASSELL	MOTHER	SAME AS ABOVE		
SECTION 4. MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
	19980814	RENO NV	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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)
	YOUR-SELF	SPOUSE				DEATH ANNULMENT DIVORCE
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?						
<input type="checkbox"/> NO						
<input checked="" type="checkbox"/> YES 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 WAS FILED)						

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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.

# 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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input checked="" type="checkbox"/> NO  <input type="checkbox"/> 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)).					
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
			<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.			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)	
	Subscribed and sworn before me this 10 day of June 01		_____ (Signature and Title of attesting officer )			
	<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)		T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)			
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: <input checked="" type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: <input checked="" type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input checked="" type="checkbox"/> COURT ORDER (Signature of commanding officer) JOHN A. MAY, MAJOR (Typed name and grade of commanding officer) ISTBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)		FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: (Ensure the proper diary action taken is recorded)		FOR USE BY CMC APPROVING AUTHORITY:	

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

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.

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; font-weight: bold;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="text-align: right; font-size: 24pt; border: 1px solid black; padding: 2px; float: right;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input type="checkbox"/> GAIN <input type="checkbox"/>		
SECTION 1. NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE PFC	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	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) 20010530		
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC 050612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		
SECTION 2. DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1	JILL ELISE GRAY	123 FOURTH ST JACKSONVILLE NC 28540	DEPENDENT DAUGHTER	08061998	20010609	
	2						
	3						
	4						
	5						
	6						
SECTION 3. CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.						
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE			
	1	TONYA CAROL GRAY	MOTHER	SAME AS ABOVE			
SECTION 4. MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY	INFORMATION CONCERNING PRESENT MARRIAGE				HAVE YOU BEEN PREVIOUSLY MARRIED?		
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES		
	NOT MARRIED			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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR-SELF	SPOUSE				DEATH	ANNULMENT
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?							
<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY. <div style="text-align: center;">20010609 ONSLOW COUNTY NORTH CAROLINA (DATE COURT ORDER FILED)</div>							

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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.



# 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  
 (CHECK ONE)

**G**

CHANGE IN DEPENDENTS  
 (Check one)

CHANGE IN DEPENDENTS  
 LOSS (EXPLAIN IN  
 CERTIFICATION SECTION)

☒ START

☒ GAIN

<b>SECTION 1 NOTIFICATION</b>	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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) 20010613	
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	

<b>SECTION 2 DEPENDENT INFORMATION</b>	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	JILL ELISE GRAY	123 FOURTH ST JACKSONVILLE NC 28540	DEPENDENT DAUGHTER	08062000	20010530
	2	JUSTIN DAVID CASSELL	400 1ST STREET TWENTYNINE PALMS CA 92278	DEPENDENT SON	14081998	20010416
	3					
	4					
	5					
	6					

<b>SECTION 3 CUSTODIAN INFORMATION</b>	Furnish the following information concerning custodian of any dependent named above.			
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE
	1 2	TONYA CAROL GRAY HEATHER FAY CASSELL	MOTHER MOTHER	SAME AS ABOVE SAME AS ABOVE

<b>SECTION 4 MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY</b>	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> OF TIMES
	NOT MARRIED			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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR- SELF	SPOUSE				DEATH	ANNULMENT

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.

DEPN #1: 20010530 ONSLOW COUNTY NORTH CAROLINA  
 DEPN #2: 20010416 MONTEREY COUNTY CALIFORNIA (DATES COURT ORDERS FILED)

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

Figure 2-4a - Sample Format of a NAVMC Form 10922 for Dependent Children and Each has a Different Mother/Custodian.



# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; font-weight: bold;">20010609</div>		REASON FOR THIS APPLICATION (CHECK ONE) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto; font-weight: bold; font-size: 1.2em;">G</div> CHANGE IN DEPENDENTS (Check one) CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input checked="" type="checkbox"/> START <input type="checkbox"/> GAIN	
SECTION 1: NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR	
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY	
SECTION 2: DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	JILL ELISE CASSELL	123 FOURTH ST JACKSONVILLE NC 28540	DEPENDENT DAUGHTER	08062000	20010608
	2					
	3					
	4					
	5					
	6					
SECTION 3: CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.					
	DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE		
	1	TONYA CAROL CASSELL	MOTHER	SAME AS ABOVE		
SECTION 4: MARITAL STATUS OF SERVICE MEMBER AND SPOUSE AND INFORMATION REGARDING SUPPORT/PATERNITY	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES
	NOT MARRIED			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 (Check one)	NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR-SELF SPOUSE				DEATH	ANNULMENT
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?						
<input type="checkbox"/> NO						
<input checked="" type="checkbox"/> YES 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)						

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, Apr 01

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.

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

## SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES

☐ NO

## SECTION 6 SPOUSE IN ARMED FORCES

☐ NO

SSN	GRADE	TYPE OF SERVICE
		<input type="checkbox"/> REGULAR
		<input type="checkbox"/> RESERVE

RESERVE

INCLUSIVE DATES OF ACTIVE SERVICE

BAH

☐ WITH DEPENDENTS

☐ WITHOUT DEPENDENTS

☐ BAH DIFF

## SECTION 7 CERTIFICATION

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


(Signature of Marine)

(Social Security Number)

(Grade)

Subscribed and sworn before me this 10 day of June 01

(Signature and Title of attesting officer )

 Document Viewed (List and attach all documents viewed)

T. J. STEWART, CWO2, USMC,PERSO

(Type Name grade of attesting officer)

## SECTION 8 APPROVING AUTHORITY

☐ APPROVED AS CLAIMED

☒ FORWARDED TO CMC  
(CODE MRP-1) FOR  
APPROVAL FOR  
DEPENDENT NUMBERS

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)  
No Court Order

☒ COURT ORDER

(Signature of commanding officer)

JOHN A. MAY, MAJOR

(Typed name and grade of commanding officer)

1STBN 6THMAR 2DMARDIV FMFLANT

(Unit Designation)

REPORTED ON UNIT DIARY:

NO. \_\_\_\_\_

DATED \_\_\_\_\_

RUC

ENTRIES REPORTED:

FOR USE BY CMC APPROVING AUTHORITY:

2-15



DEPENDENCY DETERMINATION AND BAH MANUAL

CHAPTER 3

PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS

	<u>PARAGRAPH</u>	<u>PAGE</u>
GENERAL INFORMATION.....	3000	3-3
SUPPORT FOR PARENTS/PARENTS-IN-LAW/STEPPARENTS/ ADOPTIVE PARENTS.....	3001	3-3
REQUIRED PREREQUISITES.....	3002	3-3
DEPENDENCY FACTORS.....	3003	3-4
IN LOCO PARENTIS STATUS.....	3004	3-4
ANNUAL REVIEW FOR DEPENDENCY OF PARENTS/PARENTS-IN-LAW/ STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS.....	3005	3-5
CHECKLIST FOR SUBMITTING <a href="#">NAVMC FORM 10922</a> .....	3006	3-5

FIGURE

3-1	DEPENDENCY STATEMENT - PARENT, <a href="#">DD FORM 137-3</a> .....	3-6
3-2	IN LOCO PARENTIS AFFIDAVIT.....	3-11
3-3	CHECKLIST FOR SUBMITTING A DEPENDENCY APPLICATION, <a href="#">NAVMC FORM 10922</a> FOR PARENTS.....	3-12
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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 3

#### PARENTS/PARENTS-IN-LAW/STEPPARENTS/ADOPTIVE PARENTS/IN LOCO PARENTIS

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/STEPPARENTS/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 DETERMINATION AND BAH MANUAL

<b>DEPENDENCY STATEMENT - PARENT</b>	<b>CONTROL NUMBER</b>	<i>Form Approved</i> <b>OMB No. 0730-0014</b> <i>Expires May 31, 2004</i>
The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0014), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.		
<b>PRIVACY ACT STATEMENT</b>		
<b>AUTHORITY:</b> 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; EO 9397, November 1943.		
<b>PRINCIPAL PURPOSE:</b> To obtain information to determine dependency upon service member.		
<b>ROUTINE USE(S):</b> Copies of the dependency statement, related correspondence, and information from either may be furnished to the FBI for law enforcement; the IRS and state and local taxing agencies for tax administration; the VA to determine entitlement and prevent duplication of payment; the Defense Finance and Accounting Service for final determination in appeal cases; welfare agencies to prevent duplication of payment; and the American Red Cross (ARC) for locator purposes and to aid in delinquent loans owed to ARC.		
<b>DISCLOSURE:</b> Voluntary; however, the SSN is used for positive identification and if the required information is not furnished, the member's application may be disapproved.		
<b>INSTRUCTIONS</b>		
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.		
<b>NOTES:</b> 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.		
<b>1. ENTITLEMENTS REQUESTED</b> <i>(X and complete as applicable)</i>		
<b>a. TYPE</b> <input type="checkbox"/> BAH <input type="checkbox"/> USIP CARD <input type="checkbox"/> TRAVEL ALLOWANCE	<b>b. FIRST APPLICATION?</b> <input type="checkbox"/> YES <i>(If No, give date of last application)</i> <input type="checkbox"/> NO <i>(YYYYMMDD)</i>	<b>c. LAST APPLICATION WAS</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>2. MEMBER INFORMATION</b>		
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SSN</b>	<b>c. RANK</b>
<b>d. STATUS</b> <i>(X and complete as applicable)</i> <input type="checkbox"/> ACTIVELY DUTY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DECEASED <i>(Date of death) (YYYYMMDD)</i> <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i>		
<b>e. COMPLETE RESIDENCE ADDRESS</b> <i>(Street, Apartment Number, City, State, ZIP Code)</i>		
<b>f. COMPLETE MILITARY ADDRESS</b> <i>(Include assignment: squadron and base)</i>		
<b>g. TELEPHONE NUMBERS</b> <i>(Include DSN or Area Code)</i> (1) WORK    (2) HOME	<b>h. E-MAIL ADDRESS</b>	<b>i. MARITAL STATUS</b> <i>(X one)</i> <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
<b>3. PARENT(S) INFORMATION</b>		
<b>a. (1) NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. (1) NAME</b> <i>(Last, First, Middle Initial)</i>	
<b>(2) SSN</b>	<b>(3) DATE OF BIRTH</b> <i>(YYYYMMDD)</i>	<b>(2) SSN</b>
<b>(4) RELATIONSHIP</b>	<b>(4) RELATIONSHIP</b>	

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

REPLACES DFAS-DE FORM 1868, FEB 1998 AND NAV MC FORM 11165, APR 1985, WHICH ARE OBSOLETE.

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

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>3. PARENT(S) INFORMATION (Continued)</b>			
<b>a. (5) COMPLETE ADDRESS</b> (Street, Apartment Number, City, State, ZIP Code)		<b>b. (5) COMPLETE ADDRESS</b> (Street, Apartment Number, City, State, ZIP Code)	
<b>(6) TELEPHONE NUMBER</b> (Include Area Code)		<b>(6) TELEPHONE NUMBER</b> (Include Area Code)	
<b>(7) PRESENT OCCUPATION OR BUSINESS</b>		<b>(7) PRESENT OCCUPATION OR BUSINESS</b>	
<b>(8) NAME AND ADDRESS OF EMPLOYER</b> (If unemployed, state reason, date unemployment began, and date employment is expected to resume.)		<b>(8) NAME AND ADDRESS OF EMPLOYER</b> (If unemployed, state reason, date unemployment began, and date employment is expected to resume.)	
<b>c. MARITAL STATUS</b> (X one) <input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>SINGLE</b> <input type="checkbox"/> <b>WIDOWED</b>		<input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>LIVING APART UNDER LEGAL SEPARATION</b>	
<b>d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION (YYYYMMDD)</b> <div style="height: 30px;"></div>			
<b>e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON:</b> <div style="height: 40px;"></div>			
<b>f. CHILDREN</b> (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.)			
<b>(1) NAME</b> <small>(Last, First, Middle Initial)</small>	<b>(2) SSN</b> <small>(Service Members Only)</small>	<b>(3) BRANCH OF SERVICE</b> <small>(If on Active Duty)</small>	<b>(4) MONTHLY CONTRIBUTION TO PARENT</b>
<b>g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD?</b> (If Yes, give child's name, SSN, and branch of service.) <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>4. PARENT'S RESIDENCE</b>			
<b>a. TYPE OF RESIDENCE</b> (X and complete as applicable)			
<input type="checkbox"/> <b>HOME OR APARTMENT OF PARENT</b> <input type="checkbox"/> <b>HOME OR APARTMENT OF MEMBER</b> <small>(Date began residing with member)</small>		<input type="checkbox"/> <b>HOME OR APARTMENT OF FRIEND OR RELATIVE</b> (State relationship) <input type="checkbox"/> <b>HOSPITAL OR INSTITUTION</b> <input type="checkbox"/> <b>OTHER</b> (Explain)	
<b>b. OWNER OF RESIDENCE</b>			
<b>(1) NAME</b> (Last, First, Middle Initial)		<b>(2) ADDRESS</b> (Street, Apartment Number, City, State, ZIP Code)	
<b>c. IS RESIDENCE SUBSIDIZED HOUSING?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS</b> (YYYYMMDD)	<b>e. IS CURRENT ADDRESS PARENT'S PERMANENT ADDRESS?</b> <input type="checkbox"/> <b>YES</b> (If No, explain where else parent lives and number of months there each year.) <input type="checkbox"/> <b>NO</b>	

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

# DEPENDENCY DETERMINATION AND BAH MANUAL

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT							
List <u>all</u> persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.							
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED (X)		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO (X)	

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.					
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> MORTGAGE (Specify amount of tax and insurance if applicable) <input type="checkbox"/> TAX <input type="checkbox"/> INSURANCE			d. FURNITURE AND APPLIANCES		
			e. REPAIRS ON HOME		
b. FOOD			f. OTHER (Itemize in Remarks section)		
c. UTILITIES (Heat, power, water, and telephone)					

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.					
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS (If auto is registered in parent's name)		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)		
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)			i. SCHOOL EXPENSES (Itemize)		
d. VALUE OF USIP CARD (Verification of amount is required)					
e. PERSONAL INSURANCE (Specify)			j. OTHER EXPENSES (Itemize)		
f. PERSONAL TAXES (Specify)					



# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>8. PARENT'S ASSETS</b> 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.						
a. DESCRIPTION		b. PRESENT VALUE		c. PARENT'S EQUITY		
d. IS PARENT LIQUIDATING ASSETS? (For example, is parent withdrawing money from savings, or selling stocks and bonds?) <input type="checkbox"/> YES. IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? \$ _____ <input type="checkbox"/> NO EXPLAIN: _____						
<b>9. PARENT'S INCOME</b> All <u>gross</u> 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.						
SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR EDUCATIONAL GRANTS	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				Children		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR (Specify type)	Parent		
				Children		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING (Specify type and explain in Remarks section)			k. SUPPLEMENTAL SECURITY INCOME (SSI)	Parent		
				Children		
e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment, parent's need, age, military service, etc., in Remarks section)			l. VETERANS ADMINISTRATION PAYMENTS (Specify type)	Parent		
				Children		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN (Include agency and address in Remarks section)	Parent		
g. TAX REFUNDS (Specify)				Children		
h. OTHER (Specify)			n. PAYMENT OR ALIMONY FROM SEPARATED OR DIVORCED SPOUSE	Parent		
				Children		
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.) <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS (Unremarried widow or widower, 60 or older, retired, 62 or older), BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION.						

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

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>10. MEMBER'S CONTRIBUTION</b>					
<b>a. SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BEHALF FOR EACH OF THE PAST 12 MONTHS.</b>					
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
b. MEMBER PROVIDES SUPPORT BY (X one) (Verification documentation is required for BAH claims)		<input type="checkbox"/> ALLOTMENT <input type="checkbox"/> OTHER (Explain)		<input type="checkbox"/> PERSONAL CHECK <input type="checkbox"/> MONEY ORDER	
11. REMARKS (Use back if necessary)					
<b>READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.</b>  <b>NOTE:</b> 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. <b>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.)</b>					
<b>12. SIGNATURES</b>					
<b>a. PARENT(S)</b> I, _____ (print name) and _____ (print name) will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.					
(1) PARENT'S SIGNATURE	(2) DATE SIGNED (YYYYMMDD)	(3) PARENT'S SIGNATURE	(4) DATE SIGNED (YYYYMMDD)		
<b>b. NOTARY PUBLIC</b> 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 _____. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           _____            (Official Seal)         </div> <div style="width: 45%;">           _____            (Notary)             _____            (Official Title)         </div> </div>					
<b>c. MEMBER</b>					
(1) SIGNATURE			(2) DATE SIGNED (YYYYMMDD)		

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

DEPENDENCY DETERMINATION AND BAH MANUAL

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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ came to  
(date) (month) (year) (name of Marine)

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:

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---

---

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:

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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.

CHECKLIST FOR SUBMISSION OF THE <a href="#">NAVMC Form 10922</a> FOR PARENTS	
_____	Has the completed and notarized Dependency Statement - Parent, <a href="#">DD Form 137-3</a> (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 <a href="#">DD Form 137-3</a> (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, <a href="#">NAVMC Form 10922</a> ?
_____	Has attesting officer viewed all the attached documents and signed the <a href="#">NAVMC Form 10922</a> ?
_____	Has the commanding officer signed the application and checked the appropriate box for the CMC (MRP-1) determination?

Figure 3-3 - Checklist for Submission of the NAVMC Form 10922 for Parents.

# DEPENDENCY DETERMINATION AND BAH MANUAL

<b>DEPENDENCY APPLICATION (1751)</b> <b>NAVMC 10922 (REV. 4-01) (EF)</b> (Supersedes all previous editions which are obsolete and will not be used) SN: 0109-LF-984-9800			<b>INSTRUCTIONS</b> WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS, USE SEPARATE SHEET DATE OF APPLICATION <div style="text-align: center; font-size: 1.2em;">20010609</div>		<b>REASON FOR THIS APPLICATION (CHECK ONE)</b> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold; font-size: 1.5em;">G</div> <b>CHANGE IN DEPENDENTS (Check one)</b> CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION) <input type="checkbox"/> <b>GAIN</b> <input checked="" type="checkbox"/>		
SECTION 1. NOTIFICATION	NAME OF MARINE (Last, first, middle) MARINE, ALONZO DEAN		SSN 123 45 6789	GRADE SGT	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR		
	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			ECC 040612	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY		
SECTION 2. DEPENDENT INFORMATION	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)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)	
	1	JILL ELISE MARINE	123 FOURTH ST JACKSONVILLE NC 28540	MOTHER	20021940	20010608	
	2						
	3						
	4						
	5						
	6						
SECTION 3. CUSTODIAN INFORMATION	Furnish the following information concerning custodian of any dependent named above.						
	DEP NO	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	INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?		HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?	
	DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES	
				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 (Check one)		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)	
	YOUR-SELF	SPOUSE				DEATH	ANNULMENT
IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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

Figure 3-4a - A Dependency Application, NAVMC Form 10922, Submitted for Claiming a Mother as a Dependent.

# 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	HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO  <input type="checkbox"/> 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)).					
SECTION 6 SPOUSE IN ARMED FORCES	HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, COMPLETE THE BLOCKS BELOW.					
	SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAH
			<input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE			<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> BAH DIFF
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.			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)	
	Subscribed and sworn before me this <u>10</u> day of <u>June</u> <u>01</u>			_____ (Signature and Title of attesting officer )		
	<input checked="" type="checkbox"/> Document Viewed (List and attach all documents viewed)			T. J. STEWART, CWO2, USMC, PERSO (Type Name grade of attesting officer)		
SECTION 8 APPROVING AUTHORITY	FOR USE BY COMMAND APPROVING AUTHORITY: <input type="checkbox"/> APPROVED AS CLAIMED <input type="checkbox"/> APPROVED FOR DEPENDENT NUMBERS: _____  <input type="checkbox"/> APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE <input type="checkbox"/> CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) No Court Order <input type="checkbox"/> COURT ORDER  (Signature of commanding officer)  JOHN A. MAY, MAJOR (Typed name and grade of commanding officer)  1STBN 6THMAR 2DMARDIV FMFLANT (Unit Designation)		FOR USE BY UNIT DIARY CLERK: REPORTED ON UNIT DIARY: NO. _____ DATED _____ RUC _____ ENTRIES REPORTED: _____ _____ _____ _____ _____ _____ _____ _____		FOR USE BY CMC APPROVING AUTHORITY:	

ORIGINAL

Designed Using FormFlow 2.22, HQMC/ARSE, May 01

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

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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 4

#### DEPENDENTS OF MARINES IN A NONPAY STATUS

##### 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.

DEPENDENCY DETERMINATION AND BAH MANUAL

Unit Heading

1751

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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.

DEPENDENCY DETERMINATION AND BAH MANUAL

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.

DEPENDENCY DETERMINATION AND BAH MANUAL

Application for BAH Pursuant to  
Public Law 93-64 and DODFMR 7000.15-R, \*\*\*\*\*par. 30251

**Part A: Completed by Command**

\_\_\_\_\_  
(DATE)

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**

\_\_\_\_\_  
(DATE)

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 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 4-3 - Sample Format of a BAH Application for Member in a Nonpay Status in Pretrial Confinement in a Foreign Country.

# DEPENDENCY DETERMINATION AND BAH MANUAL

## MISCELLANEOUS MILITARY PAY ORDER/SPECIAL PAYMENT AUTHORIZATION

NAVMC 11116 (REV. 5-90) (EF) (Previous editions are obsolete and will not be used)

SN: 0109-LF-065-3800

	DATE	RUC
NAME OF INDIVIDUAL (LAST, FIRST, MI)	SSN	ECC

TO DISBURSING OFFICER: ☐ YOU ARE AUTHORIZED TO ☐ DEBIT ☐ CREDIT ☐ ADJUST THE INDIVIDUALS  
MILITARY PAY ACCOUNT FOR TRANSACTIONS INDICATED

☐ YOU ARE DIRECTED TO MAKE THE FOLLOWING SPECIAL PAYMENT BASED ON THE  
TRANSACTIONS INDICATED

### PAYMENTS (Requires Commanding Officer's Signature)

TYPE: ☐ PAYDAY ADJUSTMENT PURPOSE: ☐ SEVERE HARDSHIP ☐ EVENTS AGED 60 DAYS OR MORE

☐ SPECIAL ☐ MEMBER'S JUMP/MMS RECORD NOT IN CENTRAL SITE  
ACCESSION MESSAGE ATTACHED

TYPED NAME/GRADE OF COMMANDING OFFICER	SIGNATURE OF COMMANDING OFFICER	DATE
--	---------------------------------	------

### ADJUSTMENTS

☐ **ADVANCE PAY** PAY \_\_\_\_\_ MONTHS ADVANCE PAY INCIDENT TO PCS ORDERS. REPAYMENT \_\_\_\_\_ MONTHS

☐ **ADVANCE PAY AND ALLOWANCES** PAY \_\_\_\_\_ MONTHS ADVANCE AND ALLOWANCES FOR ASSIGNMENT TO A REMOTE LOCATION  
DEPLOYED ABOARD SHIP FOR MORE THAN 30 DAYS PURSUANT TO DODPM, PAR 40102.

☐ **ADVANCE HOUSING ALLOWANCES** PAY \_\_\_\_\_ MONTHS ADVANCE HOUSING ALLOWANCE TO BE REPAID IN \_\_\_\_\_ MONTHLY PAYMENTS.  
EFFECTIVE DATE \_\_\_\_\_

☐ **UNIT DIARY NO.** \_\_\_\_\_ DATED \_\_\_\_\_ REPORTED \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_

☐ **OTHER**

CERTIFYING OFFICER TYPED NAME, GRADE TITLE	SIGNATURE OF COMMANDING OFFICER	DATE
--	---------------------------------	------

Figure 4-4 - Sample Miscellaneous Military Pay Order/Special Payment Authorization, NAVMC Form 11116.

DEPENDENCY DETERMINATION AND BAH MANUAL

CHAPTER 5

MARINE CORPS RESERVISTS

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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 5

#### MARINE CORPS RESERVISTS

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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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 6

#### DEPENDENT SUPPORT

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.

DEPENDENCY DETERMINATION AND BAH MANUAL

CHAPTER 7

ALLOWANCE FOR HOUSING TO SURVIVING DEPENDENTS

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## DEPENDENCY DETERMINATION AND BAH MANUAL

### CHAPTER 7

#### ALLOWANCE FOR HOUSING TO SURVIVING DEPENDENTS

##### 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).

**DECREE** - The judicial decision of a litigated action, usually in "equitable" cases such as divorce (verses cases in law in which judgments are entered).

**DECREE 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).

## DEPENDENCY DETERMINATION AND BAH MANUAL

**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.

## DEPENDENCY DETERMINATION AND BAH MANUAL

**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.