Dependent Validation

- Select your dependency status below to receive detailed instructions on completing the AF 594:
  - Member married to a civilian
  - Member married mil-to-mil and claiming child
  - Member is single and claiming child
  - Member pays child support
  - Member claims child with two military parents
  - Member claims secondary dependent (uncommon)
Dependent Validation
Member Married to Civilian

• Bring with you:
  • CaC
  • AF 594 (DO NOT SIGN)
  • Marriage Certificate (ORIGINAL ONLY)
**Dependent Validation**

**Member Married to Civilian**

- **Part A** – Self explanatory
- Leave “Housing Office” section blank
- **Part B** - Check block for civilian spouse
Dependent Validation
Member Married to Civilian

Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. date of marriage)
Spouse’s information in blocks 8a-c
Part C – check block next to “I certify…”
Dependent Validation

YOU ARE DONE!!
CLICK BELOW TO RETURN TO BEGINNING
Dependent Validation
Member Married Mil-to-Mil and Claiming Child

• Bring with you:
  • CaC
  • AF 594 (DO NOT SIGN)
  • Youngest Child’s Birth Certificate (ORIGINAL ONLY)
Part A – Self explanatory

Leave “Housing Office” section blank

Part B - Check block for military member spouse

Complete all required information for military spouse
• Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. child’s birthday, date of adoption, etc)
• Youngest child’s information in blocks 8a-d
• Block 9 - If the child you are claiming is also the child or spouse of another military member, provide that member’s information. This is required even if it is the same member as you listed in Part B as your spouse.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Suzie</td>
<td>Strausse 12, Ramstein Miesenbach, 66584</td>
<td>Child</td>
<td>9/1/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Branch of Service</th>
<th>Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Jane B</td>
<td>111-11-1111</td>
<td>USAF</td>
<td>Ramstein AB</td>
</tr>
</tbody>
</table>
### Dependent Validation

Member Married Mil-to-Mil and Claiming Child

<table>
<thead>
<tr>
<th>PART C - MEMBERS CERTIFICATION (For members with dependents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.</td>
</tr>
<tr>
<td>CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)</td>
</tr>
<tr>
<td>I certify that this is my first application YES NO If no, give date your last application was filed.</td>
</tr>
<tr>
<td>I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of $10,000 or imprisonment for 5 years, or both. I will report any changes of dependent’s status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEMBER’S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

**DO NOT SIGN**

- **Part C** – check block next to “I certify...”
Dependent Validation

YOU ARE DONE!!
CLICK BELOW TO RETURN TO BEGINNING
Dependent Validation
Member Claiming Child

• Bring with you:
  • CaC
  • AF 594 (DO NOT SIGN)
  • Youngest Child’s Birth Certificate (ORIGINAL ONLY)
  • Custodial agreement (if applicable)
**Dependent Validation**

**Member Claiming Child**

---

**PART A - IDENTIFICATION & DUTY LOCATION**

1. NAME (Last, First, MI)
   - Doc, John A

2. SSN
   - 123-11-1111

3. GRADE
   - E-5

4. PHONE
   - 480-1234

5. DUTY LOCATION (Base, State, ZIP Code or Country)
   - Ramstein AB, Germany

---

**PART B - MARITAL/DEPENDENT STATUS**

- **☑ SINGLE, CLAIMING DEPENDENT(S)**

MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

- ☐ DIVORCED ☐ LEGALLY SEPARATED

(DATE) (DATE)

---

**HOUSING OFFICE or BILleting OFFICIAL**

<table>
<thead>
<tr>
<th>NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUARTERS ARE NOT ASSIGNED ☐ DATE:</td>
</tr>
<tr>
<td>ADEQUATE QUARTERS EFFECTIVE DATE: ☐ ASSIGNED ☐ TERMINATED UNIT #</td>
</tr>
<tr>
<td>INADEQUATE QUARTERS EFFECTIVE DATE: ☐ ASSIGNED ☐ TERMINATED UNIT #</td>
</tr>
</tbody>
</table>

**TRANSIENT QUARTERS OCCUPIED - UNIT #**

<table>
<thead>
<tr>
<th>EFFECTIVE DATES FROM:</th>
<th>TO:</th>
</tr>
</thead>
</table>

**TITLE**

**SIGNATURE**

**DATE**

---

- **Part A** - Self explanatory
- **Leave “Housing Office” section blank**
- **Part B** - Check block for Single Claiming Dependents
Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. date of birth)
Youngest child’s information in blocks 8a-d
Part C – check block next to “I certify…”
Dependent Validation

YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING
Dependent Validation
Member Pays Child Support

• Bring with you:
  • CaC
  • AF 594 (DO NOT SIGN)
  • Proof of Child Support Agreement (ORIGINAL ONLY)
    • i.e. Divorce decree, legal separation agreement, court order, etc.
**Dependent Validation**

**Member Pays Child Support**

---

**PART A - IDENTIFICATION & DUTY LOCATION**

1. **NAME** (Last, First, MI)
   Doc, John A

2. **SSN**
   123-11-1111

3. **GRADE**
   E-5

4. **PHONE**
   480-1234

5. **DUTY LOCATION** (Base, State, ZIP Code or Country)
   Ramstein AB, Germany

---

**PART B - MARITAL/DEPENDENT STATUS**

6. **SINGLE, NO DEPENDENTS**
   - **SINGLE, CLAIMING DEPENDENT(S)**

---

**DISCLOSURE:** Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of DAQ.

---

**Housing Office or Billeting Official**

**NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS**

- Quarters are **not assigned**
  - Date:

- Adequate quarters
  - Effective Date:
    - Assigned
    - Terminated
    - Unit #

- Inadequate quarters
  - Effective Date:
    - Assigned
    - Terminated
    - Unit #

- Transient quarters occupied - Unit #
  - Effective dates from:
    - To:

---

**SIGNATURE**

**DATE**

---

- **Part A** - Self explanatory
- Leave **“Housing Office” section** blank
- **Part B** - Check block for Single Claiming Dependents
### Dependent Validation

**Member Pays Child Support**

<table>
<thead>
<tr>
<th>Block 7 – Check all boxes that apply and fill in the amount of dependent support</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CHECK BOX</th>
<th>AMOUNT OF SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$900.00 PRE MONTH FOR DEPENDENT SUPPORT</td>
</tr>
</tbody>
</table>

**Based on**: a. **DIVORCE DECREE**  
  b. **COURT ORDER**  
  c. **LEGAL SEPARATION AGREEMENT**  
  d. **WRITTEN AGREEMENT WITH CHILD’S CUSTODIAN**

<table>
<thead>
<tr>
<th>Block 8 – Check boxes as shown above and fill in effective date of dependency</th>
</tr>
</thead>
</table>

- **CLAIM BAQ FOR THE DEPENDENT**  
  - **IN**  
  - **NOT IN MY CUSTODY LISTED BELOW**  
  
**Effective Date**: 1 January 2013

**Note**: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)

<table>
<thead>
<tr>
<th>(a) NAME (Last, First, MI)</th>
<th>(b) ADDRESS, CITY, STATE, ZIP or COUNTRY</th>
<th>(c) RELATIONSHIP</th>
<th>(d) DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Suzie</td>
<td>4 Main Street, Sacramento, CA 95840</td>
<td>Child</td>
<td>9/1/2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 9 - If the child you are claiming is also the child or spouse of another military member, provide that member’s information.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>SSN</th>
<th>BRANCH OF SERVICE</th>
<th>STATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Dependent Validation
Member Pays Child Support

**PART C - MEMBERS CERTIFICATION** *(For members with dependents)*

- **I certify that** I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above-named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.

**CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS** *(Parent, adopted, illegitimate, incapacitated child or step-child)*

- I certify that this is my first application  ☐ YES  ☐ NO  If no, give date your last application was filed.
- I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of $10,000 or imprisonment for 5 years, or both. I will report any changes of dependent’s status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

**MEMBER'S SIGNATURE**  

**DATE**

**DO NOT SIGN**

- **Part C** – check block next to “I certify...”
YOU ARE DONE!!
CLICK BELOW TO RETURN TO BEGINNING
Dependent Validation
Member Claiming Child With Two Military Parents

• Bring with you:
  • CaC
  • AF 594 (DO NOT SIGN)
  • Youngest Child’s Birth Certificate (ORIGINAL ONLY)
### Dependent Validation

**Member Claiming Child With Two Military Parents**

**PART A - IDENTIFICATION & DUTY LOCATION**

1. **NAME** *(Last, First, MI)*
   - Doc, John A

2. **SSN**
   - 123-11-1111

3. **GRADE**
   - E-5

4. **PHONE**
   - 480-1234

5. **DUTY LOCATION** *(Base, State, ZIP Code or Country)*
   - Ramstein AB, Germany

**PART B - MARITAL/DEPENDENT STATUS**

- [ ] SINGLE, NO DEPENDENTS
- [X] SINGLE, CLAIMING DEPENDENT(S)

**Leave this section blank**

- **HOUSING OFFICE or BILLETING OFFICIAL**
  - NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
  - QUARTERS ARE NOT ASSIGNED
  - ADEQUATE QUARTERS
  - INADEQUATE QUARTERS
  - TRANSIENT QUARTERS OCCUPIED - UNIT #

- **SIGNATURE**

### Notes:
- **PART A** - Self explanatory
- **Leave “Housing Office” section blank**
- **PART B** - Check block for Single Claiming Dependents
Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. child’s birthday, date of adoption, etc)
• Youngest child’s information in blocks 8a-d
• Block 9 - If the child you are claiming is also the child or spouse of another military member, provide that member’s information.
## Part C – check block next to “I certify...”

<table>
<thead>
<tr>
<th>PART C - MEMBERS CERTIFICATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(For members with dependents)</td>
<td></td>
</tr>
<tr>
<td>I certify that:</td>
<td></td>
</tr>
<tr>
<td>I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of non-support.</td>
<td></td>
</tr>
<tr>
<td>CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)</td>
<td></td>
</tr>
<tr>
<td>I certify that this is my first application</td>
<td>YES</td>
</tr>
<tr>
<td>If no, give date your last application was filed.</td>
<td></td>
</tr>
<tr>
<td>I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of $10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.</td>
<td></td>
</tr>
<tr>
<td>MEMBER’S SIGNATURE</td>
<td>SIGNATURE</td>
</tr>
</tbody>
</table>

**DO NOT SIGN**
Dependent Validation

YOU ARE DONE!!
CLICK BELOW TO RETURN TO BEGINNING
Dependent Validation
Member Claiming Secondary Dependent

• Bring with you:
  • CaC
  • AF 594 (DO NOT SIGN)
  • DFAS Determination Memorandum
### Dependent Validation

**Member Claiming Secondary Dependent**

**PART A - IDENTIFICATION & DUTY LOCATION**

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>Last, First, MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doc, John A</td>
<td></td>
</tr>
</tbody>
</table>

| 2. SSN | 123-11-1111 |
| 3. GRADE | E-5 |
| 4. PHONE | 480-1234 |

<table>
<thead>
<tr>
<th>5. DUTY LOCATION</th>
<th>Base, State, ZIP Code or Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramstein AB, Germany</td>
<td></td>
</tr>
</tbody>
</table>

**PART B - MARITAL/DEPENDENT STATUS**

- [ ] SINGLE, NO DEPENDENTS
- [x] SINGLE, CLAIMING DEPENDENT(S)

|MARRIED - Spouse is a | [ ] CIVILIAN  | [ ] MILITARY MEMBER |
|IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: | | |
| [ ] DIVORCED | [ ] LEGALLY SEPARATED |

**Leave this section blank**

**DISCLOSURE:** Voluntary. However, failure to provide all information, including Social Security Number (SSN), may result in nonpayment of DAQ.

**HOUSING OFFICE or BILleting OFFICIAL**

- NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
- QUARTERS ARE NOT ASSIGNED [ ] DATE:
- ADEQUATE QUARTERS EFFECTIVE DATE: [ ] ASSIGNED  [ ] TERMINATED UNIT #
- INADEQUATE QUARTERS EFFECTIVE DATE: [ ] ASSIGNED  [ ] TERMINATED UNIT #

**TRANSIENT QUARTERS OCCUPIED - UNIT #**

- EFFECTIVE DATES FROM: [ ] TO: [ ]

**SIGNATURE**

**DATE**
Block 8 – Check boxes as shown above and fill in effective date of dependency (Based on DFAS Approval Memo)

Dependent’s information in blocks 8a-c. If the dependent is a child, put date of birth in 8d.
Part C – check block next to “I certify…”
Check “No” that this is not your first application and put date of your last application/re-certification.
Dependent Validation

YOU ARE DONE!!
CLICK BELOW TO RETURN TO BEGINNING