					Controlled	vvne							
							Ξ	INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR					
(OHA) REPORT Before completing, read Privacy Act Statement and Warning o						n reverse side.							
PART A - IDENTIFICATION AND HOUSING INFORMATION													
1. SERVICEMEMBER							3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City,						
a. NAME (Last, First, Middle Initial)							ountry)						
b. PAY GRADE c. SSN						4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD)							
d. DUTY STATION OR HOMEPORT							5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one)						
(1) Station Name							ee Instructions on rever						
							a. LOCAL CURRENCY (Specify name of currency. Report amount in Item 6.)						
(2) City							b. U.S. DOLLARS						
						6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY							
			(4) Duty Phone			RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.							
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one)						a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.)							
		YES (Specify location)				b. OWNED (Enter original purchase price. Include only cost of home,							
	NO or NOT APPLICABLE						EXCLUDE closing costs, taxes, etc.)						
			HOMEOWI	VERS, S	SKIP QUESTION 7								
7. UTILITIES (Excluding telephone) (X appropriate block)						-						-	
	a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE IN-						ANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR						
CLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.						EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by							
b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding													
telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.						category c.) X a. MYSELF							
c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT						b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1") C. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL							
	WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.)						CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)						
	(1) Electricity						d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)						
	(2) Heating (3) Air conditioning ( <i>X if window units used and landlord</i>						e. EXCLUDING DEPENDENTS, ANY OTHERS NOT						
	(3) Air Conditioning (X ir window units used and landlord provides electricity.)						COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)						
	(4) Water or Sewer						TOTAL ( <i>Ba through e</i> ) ( <i>If result exceeds "1", you are considered a</i>						
(5) Trash Disposal							"sharer".)						
9. If			report thei	r full na	ame(s), Social Secu	rity Nı	umber(s) and Bran	ich of S	Service in "Rema	irks" on	reverse.	-	
					PART B - CER		CATIONS						
10. 5	SERVICEMEMBER	R. I certify th	at:			11. ł	OUSING OFFICE	R or AF	PROPRIATE OF	FICIAL.			
a. The information I have reported is true and correct.						I have reviewed and verified the member's lease/rental/sale							
<ul> <li>I will immediately inform my commanding officer if any changes occur to the information I have reported</li> </ul>						agreement and information from it was properly reported.							
occur to the information I have reported. c. The attached copy of my housing lease/rental/sale agreement						a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one)							
(or certification from landlord) is true and correct, if applicable.							(1) Yes	`	?) No.	,	(1) 6 :		
d. I have read the overseas housing allowance briefing sheet							es, entitlement is	:	(a) Initial		(b) Subseq		
provided by my commander or authorized representative, if applicable.						D. 3	SIGNATURE				c. DATE SI		
e. SIGNATURE f. DATE SIGNED											(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(122)	
e. SIGNATURE 1. DATE SIGNED (YYYYMMDD)						L P	ITLE						
					tion and certify the					ber has	read the ov	erseas	
housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.         a. TYPE HOUSING ALLOWANCE ACTION ( <i>x one</i> )         b. MIHA/MISCELLANEOUS ENTITLEMENT ( <i>x one</i> )													
a. I	(1) Start	(3) St		(Une)	(5) *Cancel	D. IV	(1) Initial		) Subsequent	<u> </u>	(3) None		
	(1) Start (2) Change	(3) St (4) Co			(6) *Report	C. F	FFECTIVE DATE C				(J) NULLE		
				×F∩r	Air Force use only					- /			
												2) No	
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? (1) Yes (2) No e. SIGNATURE f. TITLE a. DATE SIGNED												,	

(YYYYMMDD)

## PRIVACY ACT STATEMENT

AUTHORITY: 37 USC Section 405, and EO 9397.

PRINCIPAL PURPOSE(S): To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.

**ROUTINE USE(S):** In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.

**DISCLOSURE:** Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.

**WARNING:** Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

## SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE

In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent <u>more than</u> three months in advance, X block 5b. (U.S. Dollars) even though you paid your advance rent in local currency. In <u>Part C</u>, <u>"Remarks,"</u> enter the following information:

(1) "Rent paid \_\_\_\_\_ months in advance."

(2) Amount of advance rent (in local currency, if that is how you paid).

(3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable.

Compute monthly rent as follows and report in Item 6.a.:

(1) Divide advance rent by number of months rent paid in advance to determine monthly rent.

(2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency.

Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly entitlement, may also decrease during the months when rental payments are not actually being made.

If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in Item 6.a. remains unchanged.

## PART C - REMARKS