

# BASIC ALLOWANCE FOR HOUSING RECERTIFICATION JOB AID

This Job Aid assists Members in recertifying the Basic Allowance for Housing (BAH) Authorization and Dependency Declaration form (previously known as DA Form 5960) via the Pay-Absence-Incentive Pay-Deduction (PAID) tile. Members must recertify BAH annually as part of the annual Personnel and Finance Records Review. The recertification process will create and, upon approval, submit the BAH form to Interactive Personnel Electronic Records Management System (iPERMS) via IPPS-A.

The BAH recertification program aims to validate BAH claims and retain supporting documents for entitlement payments. For BAH, Members must complete a BAH Authorization and Dependency Declaration form, certified by their company commander. Commanders may delegate this recertification to the first commissioned officer or equivalent in the Member's chain of command. Upon submission of the BAH Recertification, the request will be routed to the Member's S1 pool.

 **NAVIGATION:** Self-Service > Pay-Absence-Incentive Pay-Deduction (PAID)

 **NOTE:** BAH Recertification is a non-pay impacting function — a certification of a previously submitted BAH form. However, incomplete BAH Recertification may impact a Member's pay.

## BAH Recertification Instructions

1. The Self-Service homepage displays.
2. Select the PAID tile.

**NOTE:** BAH Recertification via IPPS-A is ONLY for Members assigned to a CONUS location. Members assigned to an OCONUS location must continue using the legacy process for OHA Recertification.

**NOTE:** When you submit your first entry for BAH Recertification in IPPS-A, the system will recognize and display it as a "Start" entry. This is not an error, IPPS-A did not convert previous BAH data, so the first BAH action in IPPS-A will record as the "start" entry. The status of "recertification" will change the following cycle when the dates are adjusted for the new period, and it is routed for approval.

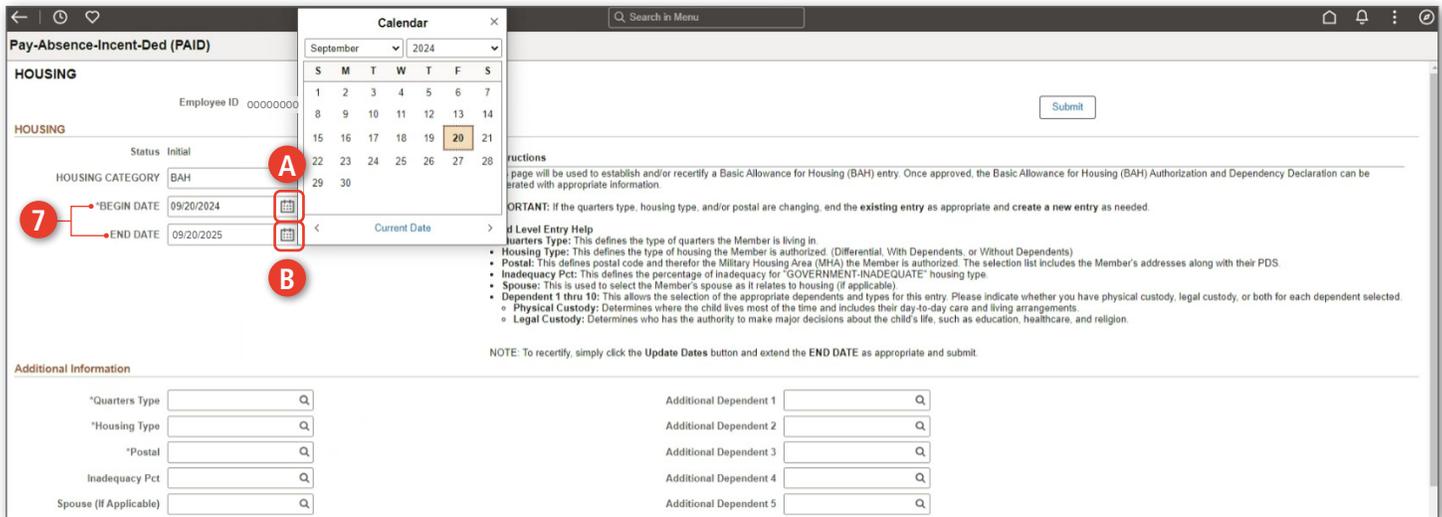
**BAH Recertification Instructions CONTINUED**

3. The **PAID** landing screen displays.
  - 3A. In the **Selection Criteria** section, select the **Entry Type** drop-down arrow.
  - 3B. Select **Housing**.
  - 3C. Leave the **Status** blank.
4. Select **Add**.

5. The **Housing** screen displays.
6. In the **Housing** section, select the **Housing Category** magnifying glass icon.
  - 6A. The **Lookup** screen displays.
  - 6B. Select **BAH** from the dropdown listing.

**BAH Recertification Instructions CONTINUED**

7. Select the **Begin and End Dates**.
  - 7A. Select the **Begin Date** calendar icon; choose the desired date from Calendar.
  - 7B. Select the **End Date** calendar icon; choose the desired date from Calendar (the End Date must be one year from the Begin Date).



**Pay-Absence-Incent-Ded (PAID)**

**HOUSING**

Employee ID 00000000

Status Initial

HOUSING CATEGORY BAH

\*BEGIN DATE 09/20/2024

END DATE 09/20/2025

**Additional Information**

\*Quarters Type

\*Housing Type

\*Postal

Inadequacy Pct

Spouse (If Applicable)

Additional Dependent 1

Additional Dependent 2

Additional Dependent 3

Additional Dependent 4

Additional Dependent 5

**Instructions**

This page will be used to establish and/or recertify a Basic Allowance for Housing (BAH) entry. Once approved, the Basic Allowance for Housing (BAH) Authorization and Dependency Declaration can be generated with appropriate information.

**IMPORTANT:** If the quarters type, housing type, and/or postal are changing, end the **existing** entry as appropriate and create a **new** entry as needed.

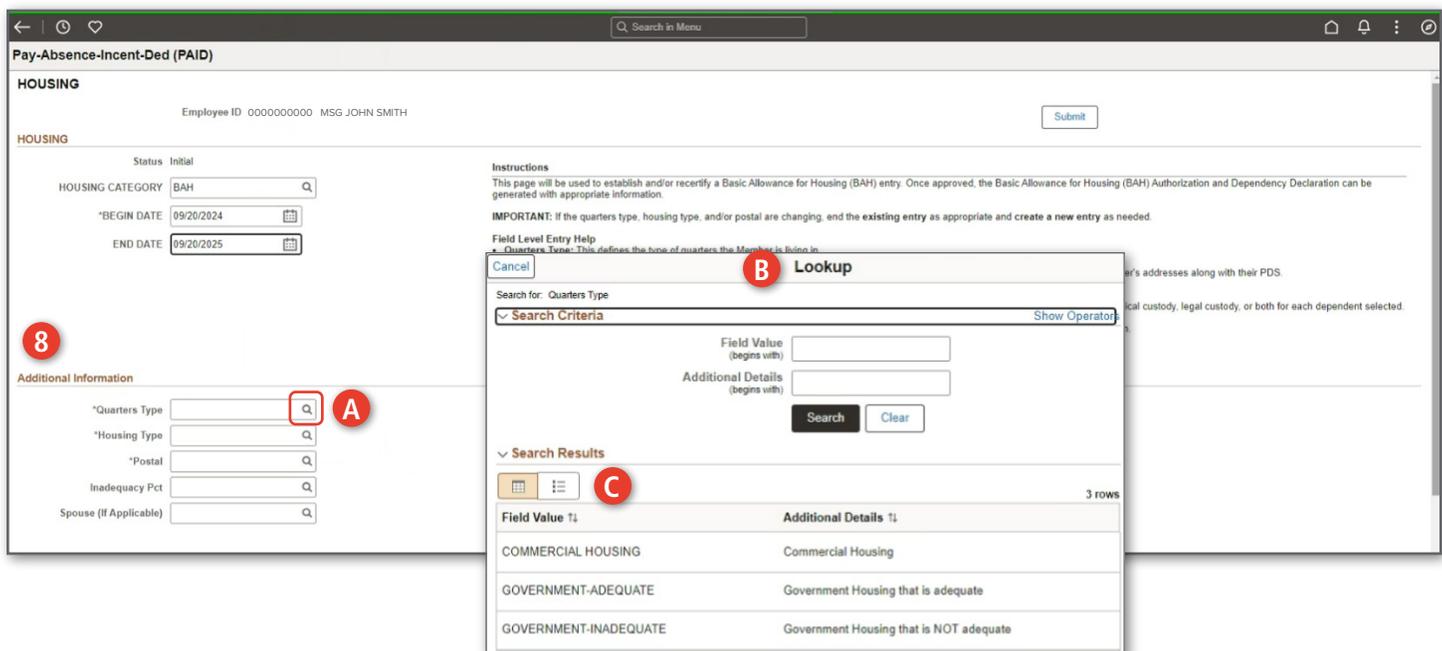
**Field Level Entry Help**

**Quarters Type:** This defines the type of quarters the Member is living in.

- Housing Type:** This defines the type of housing the Member is authorized (Differential, With Dependents, or Without Dependents)
- Postal:** This defines postal code and therefore the Military Housing Area (MHA) the Member is authorized. The selection list includes the Member's addresses along with their PDS.
- Inadequacy Pct:** This defines the percentage of inadequacy for "GOVERNMENT-INADEQUATE" housing type.
- Spouse:** This is used to select the Member's spouse as it relates to housing (if applicable).
- Dependent 1 thru 10:** This allows the selection of the appropriate dependents and types for this entry. Please indicate whether you have physical custody, legal custody, or both for each dependent selected.
  - Physical Custody:** Determines where the child lives most of the time and includes their day-to-day care and living arrangements.
  - Legal Custody:** Determines who has the authority to make major decisions about the child's life, such as education, healthcare, and religion.

**NOTE:** To recertify, simply click the **Update Dates** button and extend the **END DATE** as appropriate and submit.

8. Find the **Additional Information** section.
  - 8A. Select the **Quarter Type** magnifying glass icon.
  - 8B. The **Lookup** screen displays.
  - 8C. Select the desired **Quarter Type** from the dropdown listing.



**Pay-Absence-Incent-Ded (PAID)**

**HOUSING**

Employee ID 000000000 MSG JOHN SMITH

Status Initial

HOUSING CATEGORY BAH

\*BEGIN DATE 09/20/2024

END DATE 09/20/2025

**Additional Information**

\*Quarters Type

\*Housing Type

\*Postal

Inadequacy Pct

Spouse (If Applicable)

**Lookup**

Search for: Quarters Type

Search Criteria  Show Operator

Field Value (begins with)

Additional Details (begins with)

Search Clear

**Search Results**

3 rows

Field Value %	Additional Details %
COMMERCIAL HOUSING	Commercial Housing
GOVERNMENT-ADEQUATE	Government Housing that is adequate
GOVERNMENT-INADEQUATE	Government Housing that is NOT adequate

**BAH Recertification Instructions CONTINUED**

9. Select the **Housing Type** magnifying glass icon.
  - 9A. The **Lookup** screen displays.
  - 9B. Select the desired **Housing Type** from the dropdown listing.

**Pay-Absence-Incent-Ded (PAID)**

**HOUSING**

Employee ID 000000000 MSG JOHN SMITH Submit

Status Initial

HOUSING CATEGORY BAH

\*BEGIN DATE 09/20/2024

END DATE 09/20/2025

**Additional Information**

\*Quarters Type **COMMERICAL HOUSING** 9

\*Housing Type

\*Postal

Inadequacy Pct

Spouse (If Applicable)

**Instructions**

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**IMPORTANT:** If the quarters type, housing type, and/or postal are changing, end the existing entry as appropriate and create a new entry as needed.

**Lookup** A

Search for: Housing Type

Search Criteria Show Operator

Field Value (begins with)

Additional Details (begins with)

Search Clear

**Search Results**

3 rows

Field Value	Additional Details
DIFFERENTIAL	Select if submitting request for BAH at the "Differential" rate.
WITH DEPENDENTS	Select if submitting request for BAH at the "With Dependent" rate.
WITHOUT DEPENDENTS	Select if submitting request for BAH at the "Without Dependent" rate.

10. The **BAH with Dependent Agreement** displays.
  - 10A. Select **OK** to confirm that you agree with the BAH With Dependent Agreement.

**Pay-Absence-Incent-Ded (PAID)**

Status Initial

HOUSING CATEGORY BAH

\*BEGIN DATE 09/20/2024

END DATE 09/20/2025

**Instructions**

This page will be used to establish and/or recertify a Basic Allowance for Housing (BAH) entry. Once approved, the Basic Allowance for Housing (BAH) Authorization and Dependency Declaration can be generated with appropriate information.

**IMPORTANT:** If the quarters type, housing type, and/or postal are changing, end the existing entry as appropriate and create a new entry as needed.

**Field Level Entry Help**

- Quarters Type: This defines the type of quarters the Member is living in.
- Housing Type: This defines the type of housing the Member is authorized. (Differential, With Dependents, or Without Dependents)
- Postal: This defines postal code and therefore the Military Housing Area (MHA) the Member is authorized. The selection list includes the Member's addresses along with their PDS.
- Inadequacy Pct: This defines the percentage of inadequacy for "GOVERNMENT-INADEQUATE" housing type.
- Spouse: This is used to select the Member's spouse as it relates to housing (if applicable).

**10** **BAH With Dependent Agreement**

You have selected With Dependents. By clicking 'OK' to this message, you agree to the following statements:

I understand that the legal purpose of a housing allowance on behalf of a dependent is to partially reimburse a Service Member for the expense of providing a private sector residence for the dependents when Government Quarters are not provided. I further understand that a housing allowance for a dependent is not a bonus merely for the technical status of being married or a parent.

I understand that I am required to provide adequate support to those dependents on whose behalf I am receiving a housing allowance and if I fail to provide adequate support, the housing allowance that I received for that dependent will be recouped for nonsupport or inadequate support periods.

I understand that a legal separation agreement, court decree, judgement, or order that does not state the dependent support amount, or absolves me of my dependent support responsibility, does not of itself affect my housing allowance. I further understand that if I am authorized a housing allowance on behalf of a dependent that I must contribute to my dependents support in an amount that is not less than the applicable BAH-DIFF rate.

I understand that if there is a court order or legal separation agreement stating the support amount, I must contribute to the dependent's support the amount specified therein, but in no case may the support payments be less than the applicable BAH-DIFF rate.

I certify that I provide or am willing to provide adequate support to the named dependents on this request.

**A** **OK**

Additional Dependent 6

Additional Dependent 7

Additional Dependent 8

Additional Dependent 9

Additional Dependent 10

Comments

**BAH Recertification Instructions CONTINUED**

11. Select the **Postal** magnifying glass icon.
  - 11A. The **Lookup** screen displays.
  - 11B. Select the desired address from the dropdown listing.

**Pay-Absence-Incent-Ded (PAID)**

Status: Initial

HOUSING CATEGORY: BAH

\*BEGIN DATE: 09/20/2024

END DATE: 09/20/2025

Additional Information

\*Quarters Type: COMMERCIAL HOUSING

\*Housing Type: WITH DEPENDENTS

\*Postal: 10001

Inadequacy Pct: [ ]

Spouse (If Applicable): [ ]

**Lookup**

Search for: Postal

Search Criteria

Field Value (begins with): [ ]

Additional Details (begins with): [ ]

Search Clear

Search Results

Field Value	Additional Details
20301	Address Type:PDS - Street Addr: - City:PENTAGON - State:VA
22150	Address Type:HOME - Street Addr: 101 Main Street - City:Anytown - State:VA
22150	Address Type:MAIL - Street Addr: 101 Main Street - City:Anytown - State:VA
96786	Address Type:LEGL - Street Addr:101 Main Street - City:Anytown - State:HI

**NOTE:** If the Quarters Type field is **GOVERNMENT - INADEQUATE**, the Inadequacy Pct field must have the appropriate percentage entered by the Member. For other Quarters Type, the Inadequacy Pct field is blank.

12. Select the **Spouse (If Applicable)** magnifying glass icon.
  - 12A. The **Lookup** screen displays.
  - 12B. Select the desired name from the dropdown listing.

**Pay-Absence-Incent-Ded (PAID)**

Status: Initial

HOUSING CATEGORY: BAH

\*BEGIN DATE: 09/20/2024

END DATE: 09/20/2025

Additional Information

\*Quarters Type: COMMERCIAL HOUSING

\*Housing Type: WITH DEPENDENTS

\*Postal: 10001

Inadequacy Pct: [ ]

Spouse (If Applicable): [ ]

**Lookup**

Search for: Spouse (If Applicable)

Search Criteria

Field Value (begins with): [ ]

Additional Details (begins with): [ ]

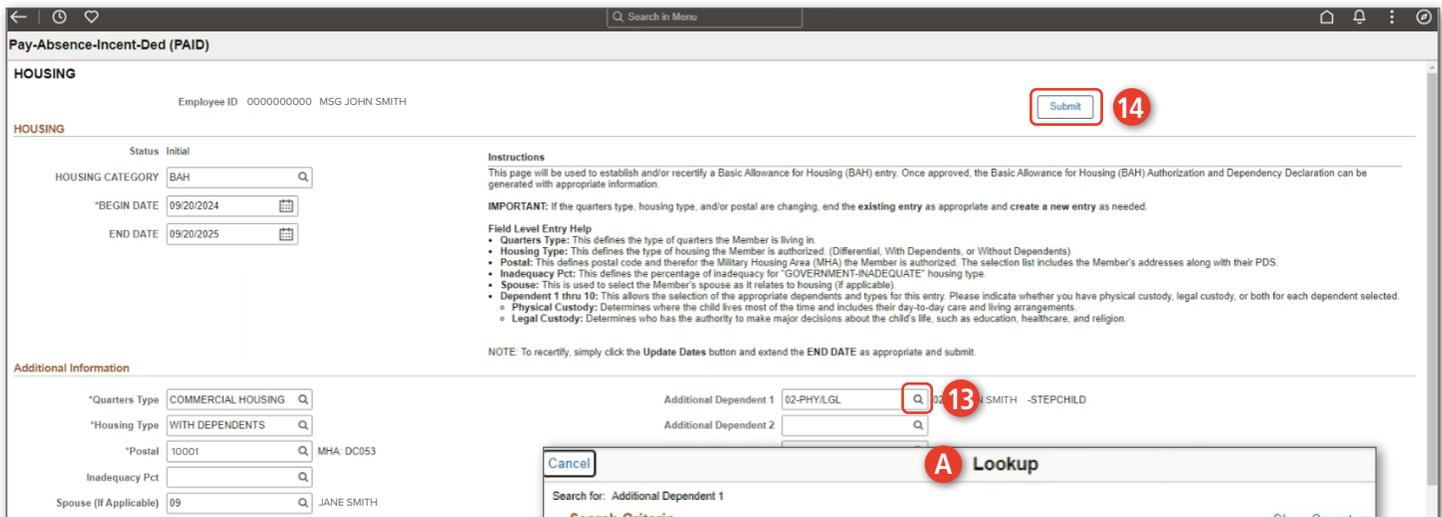
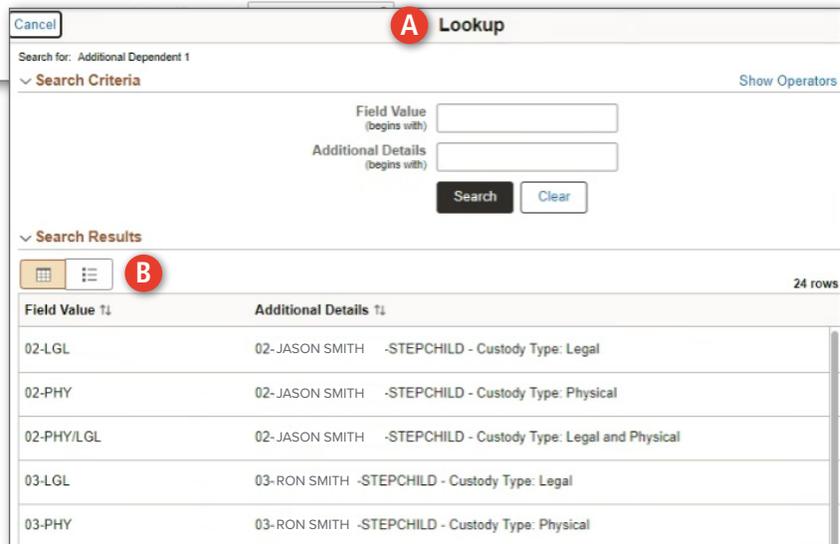
Search Clear

Search Results

Field Value	Additional Details
09	09- JANE SMITH -SPOUSE

## BAH Recertification Instructions CONTINUED

13. Members may enter multiple dependent information. Select the **Additional Dependent 1** magnifying glass icon.
  - 13A. The **Lookup** screen displays.
  - 13B. Select the desired name from the dropdown listing.
14. Select **Submit**.

Field Value ↑↓	Additional Details ↑↓
02-LGL	02-JASON SMITH -STEPCHILD - Custody Type: Legal
02-PHY	02-JASON SMITH -STEPCHILD - Custody Type: Physical
02-PHY/LGL	02-JASON SMITH -STEPCHILD - Custody Type: Legal and Physical
03-LGL	03-RON SMITH -STEPCHILD - Custody Type: Legal
03-PHY	03-RON SMITH -STEPCHILD - Custody Type: Physical

 **NOTE:** The Housing request provides **Additional Dependent** fields for up to ten dependents.

 **NOTE:** Comments and Attachments are not required. Follow organizational Standard Operating Procedures (SOPs) regarding Comments and Attachments to submit Housing requests.