BAH Dependency Data Verification

Introduction   This guide provides the procedures for a CGHRS user to verify a
member's BAH Dependency Data in Direct Access (DA).

Background   In accordance with the Coast Guard Pay Manual, COMDTINST
M7220.29 (series), all Active and Reserve members are required to
validate their housing allowance entitlement by verifying their
BAH/Dependency Data report from DA.
When members do not have access to self-certify their own BAH
Dependency Data in DA, ==a CGHRS user can verify the information on
the member's behalf.==

Procedures   See below.

Step	Action
1	Click on the **AD/RSV Payroll Workcenter** tile. AD/RSV Payroll Workcenter

BAH Dependency Data Verification, Continued

Procedures, continued

Step	Action
2	Scroll to the Act/RSV Pay Shortcuts section and select the **BAH Dep Data Verification** option. Suppl Clothing Allowance TSP Adjustment Request View My Requests (All Types) **Act/RSV Pay Shortcuts** ⌄ AvIP ▢ BAH Dep Data Verification Cost of Living Allowance Dependent Information Direct Deposit Housing Allowance Maintain Tax Data USA MGIB Enrollments Net Pay Distribution Pay Calendar Results Sea Time Balances SGLI + FSGLI TDY Data View Member W-2s View Open Debts / Overpayments

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
3	Enter the member's **Empl ID**, then click **Search**. **BAH Dep Verification Response** Enter any information you have and click Search. Leave fields blank for a list of all values. **Find an Existing Value** ▼ **Search Criteria** Empl ID — begins with ▼ — 1234567 Name — begins with ▼ Last Name — begins with ▼ Second Last Name — begins with ▼ Alternate Character Name — begins with ▼ Middle Name — begins with ▼ Business Unit — begins with ▼ Department Set ID — begins with ▼ — 🔍 Department — begins with ▼ — 🔍 ☐ Include History ☑ Correct History ☐ Case Sensitive [Search] [Clear] Basic Search Save Search Criteria

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
4	The BAH Dependency Data Verification screen will display with the date and time this member verified their data. If not verified recently, read the Questionnaire Acknowledgement and click **Generate BAH Dependency Form**. **Questionnaire** **BAH Dependency Data Verification** **Empl ID:** 1234567 **Name:** Randy Marsh **Questionnaire Acknowledgement** As a member of the Coast Guard, I understand and willingly accept the following obligations: (1) Click on Generate BAH Dependency Form to review BAH dependents data. This will open a new window displaying the BAH Dependency Form. After completion of the review return to this page to select your certification response. (2) By signature below, I certify that I am supporting the dependents listed on the BAH Dependency Form and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-martial. The penalty for willfully making a false claim is: A maximum fine of $10,000 or maximum imprisonment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on the BAH Dependency Form and by my selection below, the information contained hereon is correct. Generate BAH Dependency Form **Member's Response** ◉ I Certify True and Correct ○ I do not Certify **Certification Date** **Date Posted:** 10/16/2023 **Last Updated By:** 1234567 Randy Marsh **Last Update Date/Time:** 10/16/2023 1:57:40PM Save	Return to Search	Previous in List	Next in List	Update/Display	Include History	Correct History

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
5	The form will open in a new window. Verify all the information is correct. If everything is correct, continue to the next step. If ANY of the information is incorrect, skip to **Step 8**.

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
COMPUTER GENERATED

BAH/DEPENDENCY DATA

EMPLID	NAME	RATE/RANK	CURRENT DUTY STATION
12324567	Randy Marsh	Senior Chief Yeoman	ATC MOBILE SPO

SERVICING PERSRU	MARITAL STATUS	DATE OF MARRIAGE
ATC MOBILE SPO	Married	2002-01-01

SPOUSE IN SERVICE INFORMATION
No

DEPENDENCY DATA

NAME	BAH ELIGIBLE DEPENDENT	DATE OF BIRTH	DEPENDENCY DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP
Marsh,Sharon	Yes	1983-06-18	2002-01-01	123456789	Spouse
Marsh,Shelly	Yes	2008-08-19	2008-08-19		Daughter
Marsh,Stan	Yes	2005-05-11	2005-05-11	121343567	Son

FOR CG PAY & PERSONNEL CENTER USE ONLY

The dependency status of the following family member(s) has been reviewed by PPC LGL in accordance with the CG Pay Manual, COMDTINST M7220.29(series) The family member(s) listed below are approved for BAH eligibility commencing on the dates(s) indicated:

NBR:	DATE	NBR:	DATE	NBR:	DATE
NBR:	DATE	NBR:	DATE	NBR:	DATE

PPC APPROVAL SIGNATURE: DATE:

MEMBER'S CERTIFICATION

By signature below, I certify that I am supporting the dependents listed above and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-martial. The penalty for willfully making a false claim is: A maximum fine of $10,000 or maximum imprisonment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on this form and by signature below, the information contained hereon is correct.

SIGNATURE OF MEMBER: DATE:

COMPGEN - Previous editions are obsolete.

BAH Dependency Data Verification, Continued

Procedures,
continued

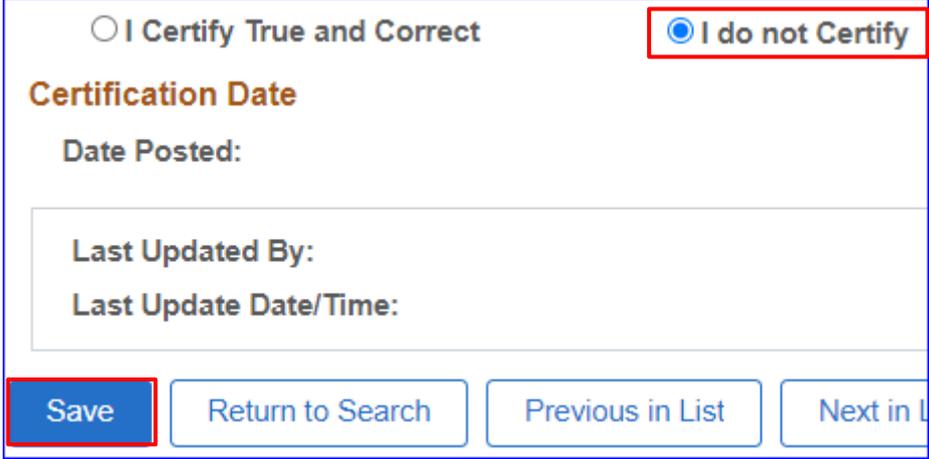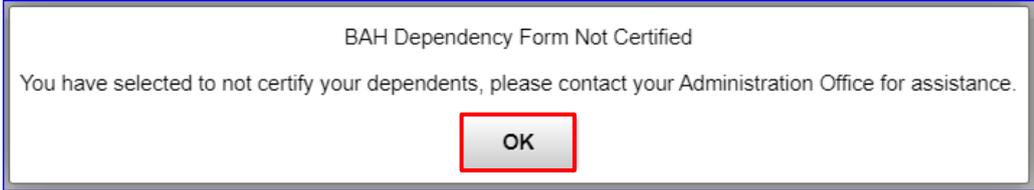| Step	Action
6	Now that the form has been generated, the radio buttons are enabled. Since all the information on the form was correct, select the **I Certify True and Correct** radio button, then click **Save**.
7	The **Date Posted**, **Last Updated By** and **Last Update Date/Time** fields will populate. The BAH Dependency Data Verification is complete.

BAH Dependency Data Verification, Continued

Procedures,
continued

Step	Action
8	If ANY of the information on the form is incorrect, select the **I do not Certify** radio button, then click **Save**.
9	This error message will display telling you to contact your Admin Office to get the information corrected. Click **OK**. You will need to get the correct information from the member, enter it in DA and proceed to step 11.

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BAH Dependency Data Verification, Continued

Procedures, continued

Step	Action
10	The **Date Posted**, **Last Updated By** and **Last Update Date/Time** fields will populate. ○ I Certify True and Correct ● I do not Certify **Certification Date** Date Posted: 01/02/2024 Last Updated By: 9876543 Kenny McCormick Last Update Date/Time: 01/02/2024 2:49:16PM Save	Return to Search	Previous in List	Next in List	Update/Display	Include History	Correct History
11	Once the appropriate BAH Dependency Data has been corrected in Direct Access, **repeat Steps 1-7**.