

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT

(Read Privacy Act Statement, Warning, and Instructions on reverse before completion)

PART A - SERVICE MEMBER IDENTIFICATION AND HOUSING INFORMATION

1. NAME (Last, First, Middle Initial)		2. RESIDENCE ADDRESS (Street, Apt. No., City, Country)	
3. PAY GRADE	4. SOCIAL SECURITY NUMBER	5. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD)	
6. DUTY STATION OR HOMEPORT		7. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (Select appropriate box) (See Instructions on reverse side if you pay rent 3 or more months in advance.)	
a. DUTY STATION NAME		<input type="checkbox"/> a. LOCAL CURRENCY, Name of Currency:	
b. CITY		<input type="checkbox"/> b. US. DOLLARS	
c. COUNTRY		8. IS YOUR RESIDENCE LEASED OR OWNED? (Select appropriate box) ENTER THE MONTHLY RENT AMOUNT OR PURCHASE PRICE IN THE CURRENCY SELECTED ABOVE.	
d. DUTY TELEPHONE NO.		<input type="checkbox"/> a. LEASED/RENTED	
9. ARE YOU ENTITLED TO AN OVERSEAS COST-OF-LIVING ALLOWANCE OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (Select one)		Rent amount:	
<input type="checkbox"/> YES (Specify location)		<input type="checkbox"/> b. OWNED	
<input type="checkbox"/> NO OR NOT APPLICABLE		Purchase price (excluding closing costs, taxes, etc.):	

HOMEOWNERS, SKIP QUESTION 10 AND GO DIRECTY TO QUESTION 11

10. UTILITIES (Excluding telephone) (Select appropriate box)	11. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, SELECT THE APPROPRIATE BOX FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU SELECT, 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 category c.)
<input type="checkbox"/> a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.	<input type="checkbox"/> a. MYSELF
<input type="checkbox"/> b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.	<input type="checkbox"/> b. SPOUSE WHO IS ALSO A SERVICE MEMBER (Enter "1")
<input type="checkbox"/> c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.)	<input type="checkbox"/> c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)
<input type="checkbox"/> (1) ELECTRICITY	<input type="checkbox"/> d. OTHER SERVICE MEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)
<input type="checkbox"/> (2) HEATING	<input type="checkbox"/> e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)
<input type="checkbox"/> (3) AIR CONDITIONING (Select if window units are used and the landlord provides electricity.)	TOTAL (11a through 11e) (If result exceeds "1", you are considered a "sharer".)
<input type="checkbox"/> (4) WATER OR SEWER	
<input type="checkbox"/> (5) TRASH DISPOSAL	

12. IF BOX 11.B. OR 11.D. IS MARKED, REPORT THEIR FULL NAME(S), SOCIAL SECURITY NUMBER(S) AND BRANCH OF SERVICE IN PART C "REMARKS" ON REVERSE.

PART B - CERTIFICATIONS

13. SERVICEMEMBER. I CERTIFY THAT:	14. HOUSING OFFICER OR APPROPRIATE OFFICIAL. I HAVE REVIEWED AND VERIFIED THE MEMBER'S LEASE/RENTAL/SALE AGREEMENT AND INFORMATION FROM IT WAS PROPERLY REPORTED.
a. THE INFORMATION I HAVE REPORTED IS TRUE AND CORRECT.	a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (Select one)
b. I WILL IMMEDIATELY INFORM MY COMMANDING OFFICER IF ANY CHANGES OCCUR TO THE INFORMATION I HAVE REPORTED.	<input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO
c. COPY OF MY HOUSING LEASE/RENTAL/SALE AGREEMENT (OR CERTIFICATION FROM LANDLORD) IS TRUE AND CORRECT, IF APPLICABLE.	IF YES, ENTITLEMENT IS: (a) INITIAL (b) SUBSEQUENT
d. I HAVE READ THE OVERSEAS HOUSING ALLOWANCE BRIEFING SHEET PROVIDED BY MY COMMANDER OR AUTHORIZED REPRESENTATIVE, IF APPLICABLE.	b. SIGNATURE c. DATE SIGNED (YYYYMMDD)
e. SIGNATURE	d. TITLE
f. DATE SIGNED (YYYYMMDD)	
15. CERTIFYING OFFICIAL. I HAVE REVIEWED THIS ACTION AND CERTIFY THE ENTITLEMENT. IF APPLICABLE TO THIS ACTION, MEMBER IS AWARE OF HIS/HER ENTITLEMENTS AND RESPONSIBILITY TO REPORT ANY CHANGES.	
a. HOUSING ALLOWANCE ACTION (Select one)	b. MIHA/MISCELLANEOUS ENTITLEMENT (Select one)
<input type="checkbox"/> (1) START <input type="checkbox"/> (3) STOP <input type="checkbox"/> (5) CANCEL*	<input type="checkbox"/> (1) INITIAL <input type="checkbox"/> (2) SUBSEQUENT <input type="checkbox"/> (3) NONE
<input type="checkbox"/> (2) CHANGE <input type="checkbox"/> (4) CORRECT <input type="checkbox"/> (6) REPORT*	c. EFFECTIVE DATE OF ACTION (YYYYMMDD)
*FOR AIR FORCE USE ONLY	
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO	
e. SIGNATURE	f. TITLE
	g. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C 136, Under Secretary of Defense for Personnel & Readiness; Title 37 U.S. Code § 403 Basic Allowance for Housing, and E.O. 9397 (SSN), as amended.

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. Additional routine uses are listed in the applicable system of records notices:

- USAF, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569732/f032-af-ce-b/>
- USA, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570004/a0210-50-daim/>
- USN & USMC, <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/Navy/NM11101-1.pdf?ver=2018-10-26-094746-480>
- DFAS, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/>
- DMDC, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570563/dmdc-01/>

DISCLOSURE: Voluntary; however, failure to provide the SSN may preclude timely consideration of your request for payment 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 more than three months in advance, select box 7b. (U.S. Dollars) even though you paid your advance rent in local currency. In Part C, "Remarks," 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 box 8.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

[Empty box for Remarks]