



## DEPARTMENT OF THE AIR FORCE

(Insert Date)

MEMORANDUM FOR (Insert Wing Office Symbol)/MPF

FROM: (Insert Your Office Symbol)

SUBJECT: Application for BAH Policy Waiver

I, (Insert Rank, First Name, Last Name, SSAN), request BAH policy waiver to receive BAH at the “with-dependent” rate based on dependents location, previous duty station, or current duty station, (member needs to specify which location they wish to draw their BAH entitlement and include home address and zip code) provided my PCS entitlements are limited. I agree to limited PCS entitlements to include “without dependent” rate Dislocation Allowance (DLA), Temporary Lodging Expense (TLE), and per diem. I further agree that my shipping entitlement is limited to the unaccompanied baggage weight allowance to include my professional books, papers, and equipment. My projected departure date to Maxwell AFB is (Insert date).

(Insert Signature Block)