

**STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE**

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 37, U.S. Code, Section 427.  
**PRINCIPAL PURPOSE:** To evaluate member's application for Family Separation Allowances.  
**ROUTINE USES:**  
 a. Serves as substantiating document for FSA payments.  
 b. Provides an audit trail for validating propriety of payments and to assist in collection erroneous payments.  
 c. Provides a record in service member's personal financial record.  
 d. Provides information for preparation of required input to the automated pay system which maintains pay accounts for Army members.  
**DISCLOSURE:** Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, member may not be considered for FSA.

NAME OF MEMBER	SOCIAL SECURITY NUMBER	GRADE
ORGANIZATION/ACTIVITY	PERMANENT DUTY STATION OF MEMBER	

**PART I - TO BE COMPLETED BY THE MEMBER (Check applicable block(s))**

TYPE I <input type="checkbox"/> FSA-1	TYPE II <input type="checkbox"/> FSA-R	<input type="checkbox"/> FSA-T	<input type="checkbox"/> FSA-S
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The following information is furnished to substantiate my entitlement to family separation allowance as indicated above.

ADDRESS(es) OF DEPENDENT(s) *(Applicable to all types of Allowances) (Continue on reverse if necessary)*

IF CLAIMING FSA TYPE II FOR PARENT(s), I CERTIFY THAT:  
 I maintain a residence(s) for my dependent(s) and have assumed the liability and responsibilities thereof, at the address(es) shown above, where I will likely reside during period of leave or such other times as my duty assignment might permit.

I CERTIFY TO THE FOLLOWING FACTS *(As applicable)*

I am not divorced or legally separated from my spouse.  
 My dependent child (children) are not in the legal custody of another person.  
 My dependent is not a member of the military service on active duty.  
 My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.

I agree to notify my commanding officer promptly of any change in dependency status if my sole dependent or all of my dependents move to the area of this station or if my dependent(s) visit at this station for more than three months *(30 days in the case of (FAS-S) (FAS-T) while I am in receipt of family separation allowance.*

**FURNISH TEMPORARY DUTY INFORMATION BELOW FOR FSA-R AND FSA-T**

TEMPORARY DUTY STATION(s)	INCLUSIVE DATES <i>(From/To)</i>
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DATE	SIGNATURE OF MEMBER
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**PART II - TO BE COMPLETED BY CERTIFYING OFFICER (Check applicable block(s))**

TYPE I - FSA-1 The above member reported to \_\_\_\_\_ *(Duty Station)*  
 on \_\_\_\_\_ *(Date)*, and transportation of his dependents is not authorized at government expense to this station or to a place near this station. No government quarters are available for assignment to the member.

TYPE II - FSA-R       TYPE II - FSA-T  
 The above member departed *(was detached)* from \_\_\_\_\_ *(Last permanent duty station)* on \_\_\_\_\_ *(Date)*  
 was on leave en route \_\_\_\_\_ *(Inclusive dates chargeable as leave)* proceed time \_\_\_\_\_ *(Inclusive dates)*  
 and he reported to \_\_\_\_\_ *(Permanent duty station)* on \_\_\_\_\_ *(Date)*. Transportation of his dependents is not authorized at government expense to this station or to a place near this station.

TYPE II - FSA-T The above member has been ordered to and has performed temporary duty at the location(s) shown below for a continuous period of more than 30 days.

LOCATION	INCLUSIVE DATES OF TDY/T <i>(From/To)</i>	NO. DAYS

*NOTE: Continue on reverse if necessary.*

TYPE II - FSA-S  
 Member was on duty on board ship upon departure from home port on \_\_\_\_\_ *(Date)*.  
 Member did not depart with ship but reported on board *(or rejoined)* the ship at \_\_\_\_\_ *(Location)*  
 on \_\_\_\_\_.

NAME OF SHIP	LOCATION OF HOME PORT
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Travel performed under authority of \_\_\_\_\_ Dated \_\_\_\_\_  
 Member claiming Type II FSA, is receiving basic allowance for quarters as a member with dependents.

DATE	SIGNATURE OF CERTIFYING OFFICER
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