



DEPARTMENT OF THE AIR FORCE
Air University (AETC)

(Insert date)

MEMORANDUM FOR 42 ABW/MPF

FROM: *(Insert office symbol)*

SUBJECT: Application for BAH Policy Waiver

1. I, *(insert Rank Name, SSN)*, request BAH policy waiver to receive BAH at the “with-dependant” rate based on my dependent’s location, *(insert their home address and zip code at old duty station)*, per PCS orders *(insert PCS order number)*, provided my PCS entitlements are limited per JFTR Chp 10 Part E, U10402 B 1. I agree to limited PCS entitlements to include without-dependant rate dislocation (DLA), temporary lodging expenses (TLE), and per diem. I further agree that my shipping entitlement is limited to the unaccompanied baggage weight allowance to include professional books, papers and equipment.

(Insert Signature Block)