

CLAIM FOR TEMPORARY LODGING ALLOWANCE

Service Member's Name - Last, First MI:		Rank:	SSN																
UIC / Command:	Duty Phone:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Over 12</th> <th style="width: 25%;">Under 12</th> </tr> </thead> <tbody> <tr> <td>Child 1</td> <td></td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> <td></td> </tr> <tr> <td>Child 3</td> <td></td> <td></td> </tr> <tr> <td>Child 4</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 5px;">Age on date of this claim.</p>			Over 12	Under 12	Child 1			Child 2			Child 3			Child 4		
	Over 12	Under 12																	
Child 1																			
Child 2																			
Child 3																			
Child 4																			
	Other Phone:																		
Dependent Names:																			
Child 1	Child 2																		
Child 3	Child 4																		
TLA Address:		C.N.A.:																	
TLA Complex:																			
Date SVM Arrived:	Date SVM Departed:	Marital Status:																	
Date Family Arrived:	Date Family Departed:	Military Spouse:																	
<p>MEMBER'S CERTIFICATION</p> <p>These costs for temporary lodging are correct to the best of my knowledge.</p>																			
_____		_____																	
Signature of Member		Date																	
Please return this completed form and a copy of your lodging receipt to the Housing Resource Center Counselor for certification of your claim.																			
This section will be completed by the Housing Representative.																			
HOUSING REPRESENTATIVE:																			

(Name)																			
TLA is authorized for the period:		_____																	
		through																	
Claim Type:	Period Type:	Claim Number:																	
Claim Days:	Non-Reimbursable Days: 0	Occupancy Option:																	
The above listed TLA facility <input type="checkbox"/> does <input type="checkbox"/> does not have adequate cooking facilities as described in the JFTR.																			
_____			_____																
Rep Signature and Date			Housing Stamp																

Command Endorsement Signature and Date																			

CO Approval Signature and Date

Comments: