FAMILY SUBSISTENCE SUPPLEMENTAL ALLOWANCE CHECKLIST

1. The following documents are needed in order to process your application for the Family Subsistence Supplemental Allowance (FSSA) Program. Documents **MUST** be verified at the time application is submitted.

_____a. Copy of PCS orders for sponsor and family members. (If no orders copy of Command Sponsor Application or Verification of Dependency from Command.

_____b. Copy of sponsor's most recent **end of month** Leave and Earnings Statement (LES). **Spouse and dependents'** (if they work) Leave and Earnings Statement. (This includes working on post or on the economy.)

_____e. Copy of any additional income you may receive such as alimony, annuities, social security, pensions, interest dividend, rental property, workman's compensation, unemployment benefits, child support, kindergeld, social security.

2. For the FSSA Program, the following sources of revenue will be counted as military income: Basic Pay, Basic Allowance for Subsistence (BAS), Basic Allowance for Housing (BAH) or cash equivalent, overseas housing allowance (OHA) or cash equivalent, all bonuses and special and incentive pay. If the soldiers resides in government housing and does not receive BAH or OHA, this amount will be counted as gross income, the amount will be the equivalent housing if the soldier resides in economy housing at their present duty station or at the location of the dependents, if geographically separated from the soldier. For OHA areas, this would be the ceiling amount for the soldier's grade and present duty station.

3. The following other sources of military income will not be counted as military income: Overseas Cost of Living Allowance (COLA), CONUS COLA, Family Separation Housing Allowance (FSHA), all travel and transportation related allowances and entitlements, and clothing allowance.

4. I understand that if my income or dependency status changes during the year, I must notify Army Community Service (ACS) immediately.

NOTE: DISCLOSURE OF INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE CORRECT INFORMATION MAY PRECLUDE CONSIDERATION FOR ELIGIBILITY IN THE PROGRAM. PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS, AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS TO VERIFY THE AMOUNT OF INCOME RECEIVED.

******PLEASE SUBMIT A COPY OF ALL REQUIRED DOCUMENTS. WE ARE UNABLE TO MAKE COPIES FOR YOU!!!!!**

FOR APPOINTMENTS PLEASE CALL
ACSC, Pioneer Kaserne, Bldg 9.
322-9027

Family Subsistence Supplemental Allowance (FSSA) Application

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.
PRINCIPAL PURPOSE: Used reviewing, approving, accounting, and disbursing for FSSA. SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USE: To substantiate claims for reimbursement of FSSA.
DISCLOSURE: Voluntary: however, failure to furnish information requested may result in total or partial denial of FSSA.

Fill out the following information completely and accurately. Questions that do no apply to the soldier please write N/A for non-applicable. Do not leave any blocks blank.

SECTION 1: Personal Information

1. NAME: _____
2. SSN: _____
3. DUTY PHONE: _____
4. HOME PHONE:_____
5. COMMAND ZIP CODE: _____
6. MAILING ADDRESS: _____
7. NUMBER IN HOUSEHOLD _____(include the active duty soldier applying)
8. MONTHLY FOOD STAMP ENTITLEMENT, IF APPLICABLE _$_____
9. DATE FAMILY ARRIVED IN GERMANY: _____
10. SPOUSE: GERMAN (YES/NO)

SECTION 2: Income (based on the soldier & household's gross monthly incomes)

1. MILITARY INCOME (see instructions)

   a. BASIC PAY _____

   b. BASIC ALLOWANCE FOR SUBSISTENCIE _____

   c. BASIC ALLOWANCE FOR HOUSING _____

   d. OVERSEAS HOUSING ALLOWANCE _____

   e. SPECIAL PAYS _____

f. OTHER ALLOWANCES _____
g. BONUS (all types) _____
_____

G. **TOTAL MIL PAY** **$_____**

2. OTHER INCOME (Includes secondary income from the soldier)

a.

LAST NAME	FIRST NAME	MI	SSN	AGE	EMPLOYER	MONTHLY INCOME

Sum of monthly income listed in the table $_____

b. Supplemental Social Security Income _____
c. Disability insurance _____
d. Child Support _____
e. Interest/Dividend _____
f. Rental Property _____
g. Unemployment Compensation _____
h. Mothers Waiting Income _____
i. Veteran's Pay _____
j. Alimony _____
k. Pension _____
l. Worker's Compensation _____
m. Social Security _____
o. Kinder geld _____
p. Inheritance _____

q. **TOTAL OTHER INCOME** **$_____** (Add a through p.)

11. **GROSS INCOME (=1.h +2p)** **$_____**

Responsibilities of the Soldier:

Once certified, and during the participation in the program, any subsequent significant changes in household income, or number of people living in the household, must be reported to the certifying official for re-certification. Failure to do so could result in disciplinary action.

I, _____, certify that the information provided above is true
Applicant's Name
and accurate to the best of my knowledge.

_____	_____
Printed Rank & Name of Applicant	Signature of Applicant Date: _____
_____	_____
Printed Rank & Name of Applicant	Signature of Certifying Officer Date :_____