**Verifying Official**

 **BASIC NEEDS ALLOWANCE (BNA) ELIGIBILITY CHECK**

Utilize Gross Household Income Eligibility and BNA Allowance Calculator

**Upon completion and determination of eligibility forward to IPAC or Reporting Unit**

 **Initial Eligibility Check**

Total GHI amount for the year immediately preceding the year for which member applies for BNA is less than 150% of FPG for such year.

For example: For a 2023 BNA payment, this translates into comparing 2022 GHI against

150% of 2023 FPG.

Verified GHI Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Member is Eligible** /**Member is not Eligible**

(Verifying Official Must circle eligibility status above)

**Recertification/Continued Eligibility Check**

If because of an increase in the current monthly GHI, GHI on an annualized basis is greater than 150% of FPG for the year immediately preceding, the member becomes **ineligible**.

For example: For a 2023 BNA payment, this translates into comparing total monthly income (x12) in 2022 against 150% of 2023 FPG.

Verified GHI Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Member is Eligible/Member is not Eligible**

(Verifying Official Must circle eligibility status above)

**MONTHLY BNA ALLOWANCE**

The member is eligible for a monthly BNA of ($\_\_\_\_\_\_\_\_\_\_\_\_\_).

Member has been notified of certification and **ELECTS/DECLINES** receipt of monthly BNA.

 (Circle decision above and line through other)

The effective day of the BNA is the date signed by the verifying official below.

Commanding Officer (Rank/Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commanding Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Endorsement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Mon/Year

From: Commander,

To: Personnel Administration Center (PAC)

Subject: BNA ALLOWANCE

1. The following member/members are eligible to receive BNA.

Rank, Last Name, First Name, Middle Initial, EDIPI, USMC/MOS

Effective date BNA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: The effective day of the BNA is the date signed by the verifying official).

Monthly BNA amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed by the verifying official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank/Name and Signature of Commanding Officer