

DEPENDENCY STATEMENT - PARENT	CONTROL NUMBER	<i>Form Approved</i> <i>OMB No. 0730-0014</i> <i>Expires Sep 30, 2007</i>
The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0730-0014). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.		
PRIVACY ACT STATEMENT		
AUTHORITY: Executive Order 9397, November 1943; 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A, Military Pay Policy and Procedures - Active Duty and Reserve Duty.		
PRINCIPAL PURPOSE(S): The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits.		
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service (IRS) for tax purposes, and the Department of Veterans Affairs (DOVA) regarding DOVA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register.		
DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.		
INSTRUCTIONS		
The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member's death.		
NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.		
1. ENTITLEMENTS REQUESTED <i>(X and complete as applicable)</i>		
a. TYPE ☐ BAH ☐ USIP CARD ☐ TRAVEL ALLOWANCE	b. FIRST APPLICATION? ☐ YES <i>(If No, give date of last application)</i> ☐ NO <i>(YYYYMMDD)</i> _____	c. LAST APPLICATION WAS ☐ APPROVED ☐ DISAPPROVED
2. MEMBER INFORMATION		
a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. RANK
d. STATUS <i>(X and complete as applicable)</i> ☐ ACTIVE DUTY ☐ NATIONAL GUARD ☐ ARMY ☐ NAVY ☐ DECEASED <i>(Date of death) (YYYYMMDD)</i> _____ ☐ RETIRED ☐ RESERVE ☐ MARINE CORPS ☐ AIR FORCE ☐ OTHER <i>(Specify)</i> _____		
e. COMPLETE RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>		
f. COMPLETE MILITARY ADDRESS <i>(Include assignment: squadron and base)</i>		
g. TELEPHONE NUMBERS <i>(Include DSN or Area Code)</i> (1) WORK (2) HOME	h. E-MAIL ADDRESS	i. MARITAL STATUS <i>(X one)</i> ☐ SINGLE ☐ SEPARATED ☐ WIDOWED ☐ MARRIED ☐ DIVORCED
3. PARENT(S) INFORMATION		
a. (1) NAME <i>(Last, First, Middle Initial)</i>	b. (1) NAME <i>(Last, First, Middle Initial)</i>	
(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>	(2) SSN
(3) DATE OF BIRTH <i>(YYYYMMDD)</i>		(4) RELATIONSHIP
(4) RELATIONSHIP		(4) RELATIONSHIP

3. PARENT(S) INFORMATION <i>(Continued)</i>			
a. (5) COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>		b. (5) COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>	
(6) TELEPHONE NUMBER <i>(Include Area Code)</i>		(6) TELEPHONE NUMBER <i>(Include Area Code)</i>	
(7) PRESENT OCCUPATION OR BUSINESS		(7) PRESENT OCCUPATION OR BUSINESS	
(8) NAME AND ADDRESS OF EMPLOYER <i>(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)</i>		(8) NAME AND ADDRESS OF EMPLOYER <i>(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)</i>	
c. MARITAL STATUS <i>(X one)</i> ☐ MARRIED ☐ DIVORCED ☐ SINGLE ☐ LIVING APART UNDER LEGAL ☐ WIDOWED ☐ SEPARATION		d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION (YYYYMMDD)	
e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON: 			
f. CHILDREN <i>(List all parent's living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)</i>			
(1) NAME <i>(Last, First, Middle Initial)</i>	(2) SSN <i>(Service Members Only)</i>	(3) BRANCH OF SERVICE <i>(If on Active Duty)</i>	(4) MONTHLY CONTRIBUTION TO PARENT
g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD? <i>(If Yes, give child's name, SSN, and branch of service.)</i> ☐ YES ☐ NO			
4. PARENT'S RESIDENCE			
a. TYPE OF RESIDENCE <i>(X and complete as applicable)</i> ☐ HOME OR APARTMENT OF PARENT ☐ HOME OR APARTMENT OF MEMBER <i>(Date began residing with member)</i> ☐ HOME OR APARTMENT OF FRIEND OR RELATIVE <i>(State relationship)</i> ☐ HOSPITAL OR INSTITUTION ☐ OTHER <i>(Explain)</i>			
b. OWNER OF RESIDENCE			
(1) NAME <i>(Last, First, Middle Initial)</i>		(2) ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>	
c. IS RESIDENCE SUBSIDIZED HOUSING? ☐ YES ☐ NO	d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS (YYYYMMDD) 	e. IS CURRENT ADDRESS PARENT'S PERMANENT ADDRESS? ☐ YES <i>(If No, explain where else parent lives and number of months there each year.)</i> ☐ NO	

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT

List all persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED (X)		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO (X)	

6. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) ☐ RENT ☐ FRV ☐ MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE			d. FURNITURE AND APPLIANCES		
			e. REPAIRS ON HOME		
b. FOOD			f. OTHER (Itemize in Remarks section)		
c. UTILITIES (Heat, power, water, and telephone)					

7. PARENT'S PERSONAL EXPENSES

List personal expenses for parent, parent's spouse, and their unmarried minor children who are not fully employed and who live in the same household. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the parent's personal expenses regardless of who is paying for them.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS (If auto is registered in parent's name)		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)		
c. MEDICAL (Do not include expenses paid by insurance, welfare, or Medicare)			i. SCHOOL EXPENSES (Itemize)		
d. VALUE OF USIP CARD (Verification of amount is required)			j. OTHER EXPENSES (Itemize)		
e. PERSONAL INSURANCE (Specify)					
f. PERSONAL TAXES (Specify)					

8. PARENT'S ASSETS

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

a. DESCRIPTION	b. PRESENT VALUE	c. PARENT'S EQUITY

d. IS PARENT LIQUIDATING ASSETS? (For example, is parent withdrawing money from savings, or selling stocks and bonds?)

☐ YES. IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? \$ _____

☐ NO EXPLAIN:

9. PARENT'S INCOME

All gross income received by parent and parent's spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR EDUCATIONAL GRANTS	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				Children		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR (Specify type)	Parent		
				Children		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING (Specify type and explain in Remarks section)			k. SUPPLEMENTAL SECURITY INCOME (SSI)	Parent		
				Children		
e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment, parent's need, age, military service, etc., in Remarks section)			l. VETERANS ADMINISTRATION PAYMENTS (Specify type)	Parent		
				Children		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN (Include agency and address in Remarks section)	Parent		
g. TAX REFUNDS (Specify)				Children		
h. OTHER (Specify)			n. PAYMENT OR ALIMONY FROM SEPARATED OR DIVORCED SPOUSE	Parent		
				Children		

o. HAS PARENT OR SPOUSE APPLIED FOR ANY TYPE OF PENSION, SOCIAL SECURITY, VA, DISABILITY, UNEMPLOYMENT, OR RETIREMENT PAYMENTS NOT YET RECEIVED? (If Yes, explain.)

☐ YES ☐ NO

IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS (Unremarried widow or widower, 60 or older, retired, 62 or older), BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION.

10. MEMBER'S CONTRIBUTION					
a. SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BEHALF FOR EACH OF THE PAST 12 MONTHS.					
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
b. MEMBER PROVIDES SUPPORT BY <i>(X one)</i> <i>(Verification documentation is required for BAH claims)</i>		☐ ALLOTMENT ☐ OTHER <i>(Explain)</i>		☐ PERSONAL CHECK ☐ MONEY ORDER	
11. REMARKS <i>(Use back if necessary)</i>					

READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

12. SIGNATURES			
a. PARENT(S) I, _____ <i>(print name)</i> and _____ <i>(print name)</i> will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.			
(1) PARENT'S SIGNATURE	(2) DATE SIGNED <i>(YYYYMMDD)</i>	(3) PARENT'S SIGNATURE	(4) DATE SIGNED <i>(YYYYMMDD)</i>
b. NOTARY PUBLIC Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s). This _____ day of _____, _____, at city (or town) of _____, county of _____, and state (or territory) of _____. _____ <i>(Official Seal)</i> _____ <i>(Notary)</i> _____ <i>(Official Title)</i>			
c. MEMBER			
(1) SIGNATURE	(2) DATE SIGNED <i>(YYYYMMDD)</i>		