DEPENDENCY STATEMENT - CHILD BORN OUT OF WEDLOCK UNDER AGE 21

CONTROL NUMBER

Form Approved
OMB No. 0730-0014
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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 ppublished 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

MALE MEMBER WITH CHILD BORN OUT OF WEDLOCK WHOSE PATERNITY HAS NOT BEEN JUDICIALLY DETERMINED AND WHO DOES NOT RESIDE IN MEMBER'S HOUSEHOLD. Member must complete Items 1 and 2, and sign and date the form. Child's custodian or representative must complete Items 3 through 13, sign and date the form, and have it notarized. CHILD MUST BE MORE THAN 50% DEPENDENT ON MEMBER. If member is deceased, representative of the child must complete this form in its entirety and have the form notarized. Items 5 through 11 must reflect the 12 months prior to the member's death. Report income in GROSS amounts, and attach verification documentation.

NOTE: 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.

1. ENTITLEMENTS REQUESTED *(X and complete as applicable)*

a. TYPE	b. FIRST APPLICATION?	c. LAST APPLICATION WAS
☐ USIP CARD	☐ YES *(If No, give date of last application)*	☐ APPROVED
☐ OTHER *(Specify)*	☐ NO *(YYYYMMDD)* _____	☐ DISAPPROVED

2. MEMBER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. RANK

d. STATUS *(X and complete as applicable)*

☐ ACTIVE DUTY	☐ NATIONAL GUARD	☐ ARMY	☐ NAVY	☐ DECEASED *(Date of death) (YYYYMMDD)* _____	
☐ RETIRED	☐ RESERVE	☐ MARINE CORPS	☐ AIR FORCE	☐ OTHER *(Specify)*	

e. COMPLETE RESIDENCE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

f. COMPLETE MILITARY ADDRESS *(Include assignment: squadron and base)*

g. TELEPHONE NUMBERS *(Include DSN or Area Code)*		h. E-MAIL ADDRESS	i. MARITAL STATUS *(X one)*		
(1) WORK	(2) HOME		☐ SINGLE	☐ SEPARATED	☐ WIDOWED
			☐ MARRIED	☐ DIVORCED	

3. MEMBER'S CHILD

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH *(YYYYMMDD)*

d. COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	e. HAS CHILD EVER BEEN MARRIED? *(If Yes, attach a copy of annulment decree, final divorce decree, or death certificate of child's spouse.)*
	☐ YES
	☐ NO

4. CHILD'S OTHER BIOLOGICAL PARENT

a. PARENT'S NAME *(Last, First, Middle Initial)*	b. COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

c. IS OTHER BIOLOGICAL PARENT IN ANY BRANCH OF SERVICE, INCLUDING RESERVE OR NATIONAL GUARD *(X one)* ☐ YES ☐ NO
(If Yes, show rank, name, SSN, and military address.)

4. CHILD'S OTHER BIOLOGICAL PARENT *(Continued)*

d. DOES OTHER PARENT CLAIM CHILD FOR BASIC ALLOWANCE FOR HOUSING (BAH), TRAVEL ALLOWANCE, OR USIP CARD *(X one)* ☐ YES ☐ NO
(If Yes, explain.)

e. WAS CHILD'S MOTHER MARRIED FOR ANY PART OF THE 10-MONTH PERIOD PRECEDING THE CHILD'S BIRTH? *(X one)* ☐ YES ☐ NO
(If Yes, give date of marriage) (YYYYMMDD) _____

If the mother was married but is now separated, divorced, or widowed, furnish a copy of separation agreement, interlocutory decree, final divorce decree, or death certificate of spouse.

f. HAS PATERNITY OF CHILD BEEN JUDICIALLY DIRECTED?
(If Yes, ID card can be issued.)
☐ YES ☐ NO

g. HAS MEMBER BEEN JUDICIALLY DIRECTED TO SUPPORT THE CHILD?
(If Yes, furnish a copy of all documents.)
☐ YES ☐ NO

5. CHILD'S RESIDENCE

a. TYPE OF RESIDENCE *(X and complete as applicable)*

☐ HOME OR APARTMENT OF OTHER PARENT
☐ HOME OR APARTMENT OF MEMBER
☐ HOME OR APARTMENT OF CHILD
☐ HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER
☐ STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
☐ HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
☐ HOSPITAL OR INSTITUTION
☐ OTHER *(Explain)* _____

b. OWNER OF RESIDENCE

(1) NAME *(Last, First, Middle Initial)*	(2) ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

c. IS RESIDENCE SUBSIDIZED HOUSING?	d. DATE CHILD STARTED LIVING AT CURRENT ADDRESS *(YYYYMMDD)*	e. DATE CHILD STARTED LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY *(YYYYMMDD)*
☐ YES ☐ NO		

6. PERSONS LIVING IN HOUSEHOLD WITH CHILD

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

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

7. 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 child resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If child 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.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the child 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)*			d. FURNITURE AND APPLIANCES		
			e. REPAIRS ON HOME		
TAX			f. OTHER *(Specify)*		
INSURANCE					
b. FOOD					
c. UTILITIES *(Heat, power, water, and telephone)*					

8. CHILD'S PERSONAL EXPENSES

List all of the child'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 child's name)*		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS *(Specify type)*		
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)*					
e. PERSONAL INSURANCE *(Specify)*			j. OTHER EXPENSES *(Itemize)*		
f. PERSONAL TAXES *(Specify)*					

9. CHILD'S INCOME

All gross income received by or in behalf of the child, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income you receive as custodian or administrator for the child. 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	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			g. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR *(Specify)*		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			h. SUPPLEMENTAL SECURITY INCOME (SSI)		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION *(Specify type)*			i. VETERANS ADMINISTRATION PAYMENTS *(Specify type)*		
d. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN *(Include agency and address in Remarks section)*		
e. SCHOLARSHIPS OR EDUCATIONAL GRANTS			k. OTHER *(Specify)*		
f. TAX REFUNDS *(Specify)*					

10. CHILD'S EMPLOYMENT

a. HAS CHILD BEEN EMPLOYED DURING THE PAST 12 MONTHS?	☐ YES	☐ NO *(If Yes, furnish the following:)*

b. NAME OF EMPLOYER

c. DATE EMPLOYMENT STARTED *(YYYYMMDD)*	d. DATE EMPLOYMENT ENDED *(YYYYMMDD)*	e. MONTHLY SALARY *(Gross)*	f. TYPE OF WORK PERFORMED

g. REASON EMPLOYMENT ENDED

11. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE CHILD'S SUPPPORT 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 *(X one)* ☐ ALLOTMENT ☐ PERSONAL CHECK ☐ MONEY ORDER ☐ OTHER *(Explain)*

12. REMARKS *(Use a separate sheet of paper if necessary)*

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.)

13. SIGNATURES

a. CUSTODIAN

I/we _____ *(print name(s))* will immediately notify the service concerned of any change in child's financial circumstances, marital status, physical custody, or change in dependency upon the service member as shown in this form.

(1) SIGNATURE OF PERSON (OTHER THAN MEMBER) WHO HAS PHYSICAL CUSTODY OF THE CHILD	(2) RELATIONSHIP TO CHILD	(3) DATE SIGNED *(YYYYMMDD)*

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 _____ .

_____
(Notary)

_____
(Official Seal) *(Official Title)*

c. MEMBER

(1) SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*