DEPENDENCY STATEMENT - WARD OF A COURT

CONTROL NUMBER

Form Approved
OMB No. 0730-0014
Expires Sep 30, 2007

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 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

This form is used to determine Basic Allowance for Housing (BAH), travel allowances, and/or Uniformed Services Identification and Privilege (USIP) card benefits for wards of a court. The member must complete the form as stated in Item 3, sign and date the form, and have it notarized. Answer every question. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Report and verify any income in gross amounts. Verification of income, proof of support and a copy of guardianship documents are required. In the case of a ward who is a full-time student, supporting documentation must include a letter from the accredited college or university verifying the ward's full-time enrollment, documentation of expenses, and any educational assistance that ward may receive. If the ward is incapacitated and over the age of 21, a medical sufficiency statement from a military medical treatment facility is required.

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

a. TYPE	b. FIRST APPLICATION?	c. LAST APPLICATION WAS
☐ BAH ☐ USIP	☐ YES *(If "NO," give date of last application)*	☐ APPROVED
☐ TRAVEL ALLOWANCE	☐ 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)*
(1) WORK	(2) HOME		☐ SINGLE ☐ SEPARATED ☐ WIDOWED ☐ MARRIED ☐ DIVORCED

3. WARD INFORMATION

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

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

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

☐ **UNMARRIED UNDER 21 YEARS OF AGE** *(Complete Items 1 - 8 and 13 - 16.)*
☐ **21-22 YEARS OF AGE AND A FULL-TIME STUDENT** *(Complete Items 1 - 9 and 12 - 16.)*
☐ **INCAPACITATED OVER AGE 21** *(Complete Items 1 - 8 and 10 - 16.)*

HAS WARD EVER BEEN MARRIED? *(If "Yes," attach copy of annulment decree, final divorce decree, or death certificate of ward's spouse.)*

☐ YES ☐ NO

4. WARD'S RESIDENCE

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

- ☐ HOME OR APARTMENT OF MEMBER
- ☐ HOME OR APARTMENT OF WARD
- ☐ HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER
- ☐ HOSPITAL OR INSTITUTION
- ☐ HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- ☐ STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
- ☐ 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 WARD BEGAN LIVING AT CURRENT ADDRESS *(YYYYMMDD)*	e. DATE WARD BEGAN LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY *(YYYYMMDD)*
☐ YES ☐ NO		

5. IF WARD IS A FULL-TIME STUDENT

a. ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL *(Street, Apartment Number, City, State, ZIP Code)*

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

- ☐ WARD'S OWN HOME OR APARTMENT
- ☐ MEMBER'S HOME OR APARTMENT
- ☐ HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE
- ☐ HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER
- ☐ STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
- ☐ HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- ☐ OTHER *(Explain)*

c. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL *(Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code)*

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

- ☐ WARD'S OWN HOME OR APARTMENT
- ☐ MEMBER'S HOME OR APARTMENT
- ☐ HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE
- ☐ HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER
- ☐ STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
- ☐ HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- ☐ OTHER *(Explain)*

6. PERSONS LIVING IN HOUSEHOLD WITH WARD

a. NAME *(Last, First, Middle Initial)*	b. AGE	c. MARRIED *(X)*		d. 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 ward resides in the member's household or in a dwelling owned by member, use Fair Rental Value (FRV) for dwelling. If ward 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 in the Remarks section.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the ward 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	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. *(X one)* ☐ RENT ☐ FRV ☐ MORTGAGE *(Specify amount of tax and insurance if applicable)*			d. FURNITURE/APPLIANCES		
TAX			e. REPAIRS ON HOME		
INSURANCE			f. OTHER *(Specify)*		
b. FOOD					
c. UTILITIES *(Heat, power, water, and telephone)*					

8. WARD'S PERSONAL EXPENSES

List personal expenses for ward. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the ward's personal expenses regardless of who is paying for them.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS *(If auto is registered in ward'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)*					
e. PERSONAL INSURANCE *(Specify)*			j. OTHER EXPENSES *(Itemize)*		
f. PERSONAL TAXES *(Specify)*					

9. WARD'S SCHOOL EXPENSES

List ward's school expenses even if covered by scholarship, grant, or other financial aid.

ITEM	AVERAGE MONTHLY EXPENSE	ITEM	AVERAGE MONTHLY EXPENSE
a. TUITION		e. BOARD *(Food)*	
b. BOOKS		f. OTHER SCHOOL EXPENSES *(Specify)*	
c. SPECIAL FEES			
d. ROOM *(Rent)*			

10. IF WARD IS IN HOSPITAL OR INSTITUTION (INCAPACITATED)

If ward is in a hospital or institution, all of the following information must be furnished. Obtain this information from the hospital or institution.

a. DATE WARD ENTERED HOSPITAL/INSTITUTION *(YYYYMMDD)*	b. ANTICIPATED DATE OF DISCHARGE *(If known)*

c. WILL WARD RETURN TO MEMBER'S HOME AFTER DISCHARGE? *(If "NO," explain where ward will reside)*

☐ YES

☐ NO

d. WARD'S EXPENSES IN HOSPITAL OR INSTITUTION

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
(1) ROOM			(8) EDUCATION		
(2) FOOD			(9) TRANSPORTATION		
(3) REHABILITATION CLASSES OR SERVICES			(10) PERSONAL INSURANCE *(Specify)*		
(4) SPECIALIZED EQUIPMENT			(11) OTHER *(Specify)*		
(5) MEDICAL CARE					
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

10.e. WARD'S EXPENSE IN HOSPITAL OR INSTITUTION ARE PAID BY:

SOURCE	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
USIP CARD (1) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)			(4) STATE OR LOCAL AGENCY *(Name and Address)*		
USIP CARD (2) MILITARY MEDICAL TREATMENT FACILITY					
(3) PRIVATE INSURANCE *(Name and Address)*			(5) MEMBER		
			(6) OTHER *(Explain and give name and address)*		

11. WARD'S EMPLOYMENT

Has ward been employed since age 21? ☐ **YES** ☐ **NO**

If "YES," furnish the following information. Use the Remarks section to continue if necessary.

a.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED	(3) DATE ENDED	(4) MONTHLY SALARY *(Gross)*
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		
b.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED	(3) DATE ENDED	(4) MONTHLY SALARY *(Gross)*
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		
c.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED	(3) DATE ENDED	(4) MONTHLY SALARY *(Gross)*
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		

d. IS OR WAS WARD'S JOB CONSIDERED AS BEING A "SHELTERED WORKSHOP" - THAT IS, OPEN ONLY TO DISABLED OR HANDICAPPED PEOPLE?

☐ **YES** *(If "YES" and ward is currently working, attach a statement from the employer verifying this information.)*

☐ **NO**

12. WARD'S SCHOOL ATTENDANCE

Has ward attended college since age 21? ☐ **YES** ☐ **NO** If "YES," furnish the following information.

a.	(1) NAME AND ADDRESS OF SCHOOL			(2) *(X as applicable)* ☐ VOCATIONAL ☐ FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) *(X)* ☐ FULL-TIME ☐ PART-TIME		(5) WARD'S MAJOR
b.	(1) NAME AND ADDRESS OF SCHOOL			(2) *(X as applicable)* ☐ VOCATIONAL ☐ FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) *(X)* ☐ FULL-TIME ☐ PART-TIME		(5) WARD'S MAJOR

13. WARD'S INCOME

All gross income received by or in behalf of the ward, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income received by persons in the capacity of custodian or administrator for the ward. If any income received during the past 12 months was a lumpsum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			d. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR *(Specify)*		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			e. SUPPLEMENTAL SECURITY INCOME (SSI)		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION *(Specify type)*			f. VETERANS ADMINISTRATION PAYMENTS *(Specify type)*		

13. WARD'S INCOME *(Continued)*

SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
g. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN *(Include agency and address in Remarks section)*		
h. SCHOLARSHIPS OR EDUCATIONAL GRANTS			k. OTHER *(Specify)*		
i. TAX REFUNDS *(Specify)*					

14. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE WARD'S SUPPORT FOR EACH OF THE PAST 12 MONTHS.

MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT

b. MEMBER PROVIDES SUPPORT BY *(X one)* ☐ ALLOTMENT ☐ MONEY ORDER ☐ PERSONAL CHECK ☐ OTHER *(Explain)*

15. REMARKS

16. SIGNATURES

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.)

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 WHO HAS CUSTODY OF THE WARD *(Can be member or other than member)*	(2) 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)

My commission expires: _____

c. MEMBER

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