DEPENDENCY STATEMENT - INCAPACITATED CHILD OVER AGE 21

OMB No. 0730-0014
OMB approval expires June 30, 2024

RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 37 U.S.C., Pay and Allowances of the Uniformed Services; DoD Directive 5154.29, DoD Pay and Allowances Policy and Procedures; DoD 7000.14-R, DoD Financial Management Manual, Volume 7A, Military Pay Policy and Procedures – Active Duty and Reserve Pay; and Joint Travel Regulations (JTR) current edition.

PURPOSE(S): The information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement of authorized benefits.

ROUTINE USE(S): To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M01040-3, Marine Corps Manpower Management Information System Records, located at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/

DISCLOSURE: Voluntary: however, failure to provide this information will result in a suspension of the dependent entitlements until the member can provide the required certificate.

INSTRUCTIONS

The member must complete the form in its entirety, sign and date the form, and have it notarized. If the child resides alone or with someone other than the member, the member completes Items 1, 2, and 16, signs and dates the form, and the child or child's representative completes Items 3 through 15, signs and dates the form, and has it notarized. If the member is deceased, the child or child's representative completes the form in its entirety, signs and dates the form, and has it notarized. Information furnished must reflect the 12 months prior to member's death. Verification of income is required.

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.

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

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

2. MEMBER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. DoD ID NUMBER	c. RANK

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

☐ ACTIVE DUTY ☐ NATIONAL GUARD ☐ ARMY ☐ NAVY ☐ DECEASED *(Date of death) (YYYMMDD)*
☐ 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. DOD ID NUMBER	c. DATE OF BIRTH *(YYYYMMDD)*

d. RELATIONSHIP TO MEMBER *(X one)*

☐ LEGITIMATE CHILD ☐ CHILD BORN OUT OF WEDLOCK ☐ ADOPTED CHILD ☐ STEPCHILD

e. COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	f. 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 PARENT(S)

a. (1) NAME *(Last, First, Middle Initial)*	b. (1) NAME *(Last, First, Middle Initial)*
(2) RELATIONSHIP TO CHILD	(2) RELATIONSHIP TO CHILD
(3) COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	(3) COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

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

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

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? ☐ YES ☐ NO	d. DATE CHILD STARTED LIVING AT CURRENT ADDRESS *(YYYYMMDD)*

6. IF CHILD IS IN HOSPITAL OR INSTITUTION

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

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

c. WILL CHILD RETURN TO MEMBER'S HOME AFTER DISCHARGE? *(If "NO," explain where child will reside)* ☐ YES ☐ NO

d. CHILD'S EXPENSES IN HOSPITAL OR INSTITUTION

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) 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					
(5) MEDICAL CARE			(11) OTHER *(Specify)*		
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

6. IF CHILD IS IN HOSPITAL OR INSTITUTION *(Continued)*

e. CHILD'S EXPENSES IN HOSPITAL OR INSTITUTION ARE PAID BY:

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

7. PERSONS LIVING IN HOUSEHOLD WITH CHILD

When child resides in a hospital or institution and Item 6 is completed, do not complete this item. 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)*
			☐	☐		☐
			☐	☐		☐
			☐	☐		☐
			☐	☐		☐
			☐	☐		☐

8. HOUSEHOLD EXPENSES

When child resides in a hospital or institution and Item 6 is completed, do not complete this item. 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**		
TAX			**e. REPAIRS ON HOME**		
INSURANCE					
b. FOOD			**f. OTHER** *(Itemize in Remarks section)*		
c. UTILITIES *(Heat, power, water, and telephone)*					

9. CHILD'S PERSONAL EXPENSES

When child resides in a hospital or institution and Item 6 is completed, do not complete this item. 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					
c. MEDICAL *(Do not include expenses paid by insurance, welfare, or Medicare)*			**h. MONTHLY TRANSPORTATION PAYMENTS** *(Specify type)*		
d. VALUE OF USIP CARD *(Verification of amount is required)*			**i. SCHOOL EXPENSES**		
e. PERSONAL INSURANCE *(Specify)*			**j. OTHER** *(Specify)*		
f. PERSONAL TAXES *(Specify)*					

10. 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)*					

11. CHILD'S EMPLOYMENT *(Show additional periods of work in the Remarks section.)*

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

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

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

☐ YES ☐ NO *(If Yes, and child is currently working, attach a statement from the employer verifying this information.)*

12. CHILD'S SCHOOL ATTENDANCE

HAS CHILD ATTENDED COLLEGE SINCE AGE 21? ☐ YES ☐ NO *(If Yes, furnish the following:)*

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) CHILD'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) CHILD'S MAJOR

13. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE CHILD'S SUPPORT 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)*

11. REMARKS *(Use back 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.)

15. 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 WHO HAS PHYSICAL CUSTODY OF THE CHILD *(Can be member or other than member)*	(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)*