DEPENDENCY STATEMENT - WARD OF A COURT

CONTROL NUMBER

OMB No. 0730-0014 OMB approval expires

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, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (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: P.L. 93-64; 37 U.S.C., Chapter 7, Section 403; E.O. 9397 (SSN), as amended; and Joint Forces Travel Regulation (JFTR) Chapter 10. PRINCIPAL PURPOSE(S): The information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement to authorized benefits.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b), as amended, of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD Blanket Routine Uses published at http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply.

Applicable SORNs: DJMS-AC/RC, DRAS:

http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6277/t7340.aspx http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6281/t7344.aspx http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6282/t7347b.aspx

USMC MCTFS: http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6774/m01040-3.aspx

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 APP	c. LAST APPLICATION WAS									
BAH USIP YES (I	lf "NO," give date of last application)	APPROVED								
TRAVEL ALLOWANCE NO (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) (DECEASED (Date of death) (YYYYMMDD)							
RETIRED RESERVE	MARINE CORPS AIR FORCE	OTHER (Specify)								
e. COMPLETE RESIDENCE ADDRESS (Street, Apart	ment Number, City, State, ZIP Code)									
\mathbf{D}	$\mathbf{D} \wedge \mathbf{\Gamma}$	\mathbf{T}								
l IJ	$\mathbf{R} \cdot \mathbf{A} \cdot \mathbf{F}$									
_		_								
f. COMPLETE MILITARY ADDRESS (Include assignm	nent: squadron and base)									
g. TELEPHONE NUMBERS (Include DSN or Area Cod	de) h. E-MAIL ADDRESS	i. MARITAL STATU	IS (X)							
(1) WORK (2) HOME	SINGLE SEPARATED WIDE									
		MARRIED	DIVORCED							
3. WARD INFORMATION			•							
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH							
			(YYYYMMDD)							
d. COMPLETE RESIDENCE ADDRESS (Street, Apart	tment Number, City, State, ZIP Code)		1							
,	•									
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.)										
DD FORM 137-7, 20140604 DRAFT	PREVIOUS EDITION	IC OPCOLETE	Page 1 of 5 Pages							

NOME OF ARATMENT OF PRIEND OR RELATIVE (State relationship)	4. WARD'S RESIDENCE										
HOME OR APARTMENT OF PORMER SPOUSE OF MEMBER STUDENT DORMTORY OR OTHER ON-CAMPUS FACILITY	a. TYPE OF RESIDENCE (X and complete as applicable)										
HORDER OF INSTITUTION CONTRET PRODUCE OF MEMBER STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY	HOME OR APARTMENT OF	MEMBER			HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship)						
ONDERS OF RESIDENCE	HOME OR APARTMENT OF										
D. ONNER (PRESIDENCE (1) NAME (Last, Frat, hiddele holder) [2] ADDRESS (Greent, Apartment Number, City, State, 2P Code) [3] ADDRESS (Street, Apartment Number, City, State, 2P Code) [4] YES [5] IF WARD IS A FULL-TIME STUDENT [6] ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 2P Code) [6] IF WARD IS A FULL-TIME STUDENT [6] ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 2P Code) [7] ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 2P Code) [8] ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Larger than 90 days) (Street, Apartment Number, City, State, 2P Code) [9] ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Lar	HOME OR APARTMENT OF	FORMER SPOUSE O	F MEMBER		STUDENT DOR	MITORY	OR OTH	ER ON-CAMPI	JS FACILI	TY	
D. ONNER (Last, Frat, Middle Priside) [2] ADDRESS (Street, Apartment Number, City, State, 2IP Code) [2] ADDRESS (Street, Apartment Number, City, State, 2IP Code) [3] TES [4] TES [5] THE STUDENT [6] ADTE WARD BEGAN LIVING AT CURRENT [7] ADDRESS (YYYYAMADO) [8] THE WARD IS A FULL-TIME STUDENT [9] ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 2IP Code) [9] THE OF RESIDENCE (X and complete as applicable) [9] WARDS OWN HOME OR APARTMENT [9] HOME OR APARTMENT OF MEMBER'S HOMER SPOUSE [9] HOME OR APARTMENT OF MEMBER'S WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, 2IP Code) [9] TYPE OF RESIDENCE (X and complete as applicable) [9] WARDS OWN HOME OR APARTMENT OF MEMBER'S HOMER SPOUSE [9] HOMER OR	HOSPITAL OR INSTITUTION	I			OTHER (Explain	n)					
c. IS RESIDENCE SUBSIDIZED HOUSING? VES ADDRESS (YYYYMMOD) D. 1F WARD IS A FULL-TIME STUDENT A ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 2IP Code) 1. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S HOME OR WIDOWER C. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, 2IP Code) 4. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S POWN OR WIDOWER C. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, 2IP Code) 4. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WINDOW OR WIDOWER O'THER (Explain) 3. NAME (Last, First, Middle Initial) 4. EMPLOYED 3. NAME (Last, First, Middle Initial) 4. EMPLOYED 4. EMPLOYED 4. EMPLOYED 5. FOUND HOUSE FROMER SHOWN ON THE PROPERT OF THE PROPER	b. OWNER OF RESIDENCE					,					
VES ADDRESS (YYYYMMOD) 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 MEMBER'S HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S 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 OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WHOOW OR WIDOWER OTHER (Explain) 4. 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 1. HOUSEHOLD EXPENSES List this 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 morth expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is in the member of the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses in the same expense for the past 12 months. If ward resides in the member's household or in a divelling womed by member, use a month of the wall in the past 12 months in ward resides in the member's household or in a divelling womed by member, use and the past 12 months in ward resides in the member's household or in a d	(1) NAME (Last, First, Middle Initial,)	(2) ADDRESS (Street	, Apai	rtment Number, C	ity, State	, ZIP Cod	e)			
VES ADDRESS (YYYYMMOD) 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 MEMBER'S HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S 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 OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WHOOW OR WIDOWER OTHER (Explain) 4. 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 1. HOUSEHOLD EXPENSES List this 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 morth expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is in the member of the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses in the same expense for the past 12 months. If ward resides in the member's household or in a divelling womed by member, use a month of the wall in the past 12 months in ward resides in the member's household or in a divelling womed by member, use and the past 12 months in ward resides in the member's household or in a d				•		-					
VES ADDRESS (YYYYMMOD) 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 MEMBER'S HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S 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 OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WHOOW OR WIDOWER OTHER (Explain) 4. 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 1. HOUSEHOLD EXPENSES List this 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 morth expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is it as an expense for the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses is in the member of the past 12 months. If ward resides in the member's household or in a divelling womed by members, use a month expenses in the same expense for the past 12 months. If ward resides in the member's household or in a divelling womed by member, use a month of the wall in the past 12 months in ward resides in the member's household or in a divelling womed by member, use and the past 12 months in ward resides in the member's household or in a d											
VES ADDRESS (YYYMMIDD) CURRENTLY HAS PHYSICAL CUSTODY (YYYMMIDD)	c IS RESIDENCE SUBSIDIZED H	OUSING?	d. DATE WARD BEG	AN L	IVING AT CURR	ENT e	DATE W	ARD BEGAN	LIVING WI	TH PERSON	WHO
S. IF WARD IS A FULL-TIME STUDENT a. ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, 20° Code) b. TYPE OF RESIDENCE (x and complete as applicable) WARDS OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF RINEND OR RELATIVE (State relationship) ### HOME OR APARTMENT OF MEMBER'S WINDOW OR WINDOWER C. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, 20° Code) d. TYPE OF RESIDENCE (x and complete as applicable) WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT AND HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) ### HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) ### HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) ### HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) ### HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) ### APARTMENT OF FRIEND OR RELATIVE (State relationship) ### HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) ### APARTMENT OF FRIEND ##		occinto.	ADDRESS (YYYYY	MMDL	D)						
S. IF WARD IS A FULL-TIME STUDENT **A ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (Street, Apartment Number, City, State, ZIP Code) **DEPTOP RESIDENCE (X and complete as applicable) **DEPTOP RESIDENCE (X and complete as applicable) **DEPTOP RESIDENCE (X and complete as applicable) **HOME OR A PARTMENT OF MEMBER'S WHOW OR WIDOWER **DEPTOP RESIDENCE (X and complete as applicable) **DEPTOP RESIDENCE (X and complete as applicable) **WARD'S OWN HOWE OR APARTMENT OF MEMBER'S WHOW OR WIDOWER **DEPTOP RESIDENCE (X and complete as applicable) **WARD'S OWN HOWE OR APARTMENT OR MEMBER'S WHOW OR WIDOWER **DEPTOP RESIDENCE (X and complete as applicable) **WARD'S OWN HOWE OR APARTMENT OR MEMBER'S POWNER SPOUSE **HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE **BOAD APARTMENT OF MEMBER'S FORMER SPOUSE **HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE **BOAD APARTMENT OF MEMBER'S WHOW OR WIDOWER **OTHER (Explain) **BOAD APARTMENT OF MEMBER'S FORMER SPOUSE **BOAD APARTMENT OF MEMBER'S WHOW OR WIDOWER **OTHER (Explain) **BOAD APARTMENT OF MEMBER'S WHOW OR WIDOWER **OTHER (Explain) **BOAD APARTMENT OF MEMBER'S WHOW OR WIDOWER **BOAD APARTMENT OF MEMBER'S WHO WIDOWER **BOAD APARTMENT OF MEMBER'S WHOW OR WIDOWER **BOAD APARTMENT OF MEMBER'S WHO											
D. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT MORE OR APARTMENT MORE OR APARTMENT OF MEMBER'S STORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) JETUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) JETUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY MEMBER'S HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) JETUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) MARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) A. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) d. EMPLOYED A. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) d. EMPLOYED A. NAME (Last, First, Last on expense for the past 12 months. If ward resides in the member's household or in a dwelling womed by member, use fair Rental Value was obtained in the Remarks section. FREY if ovelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained in the Remarks section. FRAIR REINTAL VALUE (FRV): FRV is a single monthly sum for the entire dwellings. This is mis a mount 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. REPAIR ENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately where the ward lives. This sum is a mount 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. REPAIR ENTAL VALUE (FRV): EXPENSE OR PAST 12 MONTHS A. (FRV) of wellowed by member, us		STUDENT									
D. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER C. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code) 4. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S POWER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE 1. NAME (Last, First, Middle Initial) A. NAME (Last, First, Middle Initial) A. NAME (Last, First, Middle Initial) A. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) G.			DING SCHOOL (Stroo	of Ano	ortmont Number	City Stat	o ZID Coo	40)			
MARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code) J. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER J. PERSONS LIVING IN HOUSEHOLD WITH WARD J. NAME (Last First, Middle Initial) J. AGE J. 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, use 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. PRESENT MONTHLY RENT FRY MORTGAGE J. C. MARRIED OR OTHER (Explain) J. C. OTHER (Specily) J. C. MARRIED OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR	a. ADDRESS WHERE WARD RES	SIDES WHILE AT TEN	DING SCHOOL (Silee	н, Ара	artinent ivaniber, (Jily, Stat	e, ZIP COC	ie)			
MARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code) J. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER J. PERSONS LIVING IN HOUSEHOLD WITH WARD J. NAME (Last First, Middle Initial) J. AGE J. 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, use 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. PRESENT MONTHLY RENT FRY MORTGAGE J. C. MARRIED OR OTHER (Explain) J. C. OTHER (Specily) J. C. MARRIED OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR											
MARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code) J. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER J. PERSONS LIVING IN HOUSEHOLD WITH WARD J. NAME (Last First, Middle Initial) J. AGE J. 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, use 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. PRESENT MONTHLY RENT FRY MORTGAGE J. C. MARRIED OR OTHER (Explain) J. C. OTHER (Specily) J. C. MARRIED OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR OTHER ON-CAMPUS FACILITY HOME OR											
MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER C. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code) 4. 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 OF MEMBER'S WIDOW OR WIDOWER 6. PERSONS LIVING IN HOUSEHOLD WITH WARD 8. NAME (Last, First, Middle Initial) A NAME (Last, First, Middle Initial	`		e)		1						
HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (Lorger than 90 days) (Street, Apartment Number, City, State, ZIP Code) J. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER D. AGE OTHER (Explain) D. AGE C. MARRIED (X) J. EMPLOYED A. EMPLOYED A. MARRIED (X) J. EMPLOYED A. EMPLOYED A. MARRIED (X) J.	WARD'S OWN HOME OR AF	PARTMENT			STUDENT DOR	MITORY	OR OTH	ER ON-CAMP	JS FACILI	TY	
DRAFTMENT OF MEMBER'S WIDOW OR WIDOWER 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 OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) OTHER (Explain) OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER OTHER (Explain) D. AGE C. MARRIED (X) WARD'S OWN HOME OR APARTMENT OR TREATMENT OR	MEMBER'S HOME OR APAR	RTMENT			HOME OR APA	RTMEN	OF FRIE	ND OR RELAT	TIVE (State	e relationship)	
d. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT HOME OR APARTMENT HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship) HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 6. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) DRAFT T. 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 household or in a dwelling owned by member, use Fair Rental Value Was obtained in the Remarks section. FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling owned by miss mis 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. PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS A. (X one) O. THER (Specify) D. FODD OTHER (Specify) D. THEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS O. REPAIRS ON HOME T. OTHER (Specify)	HOME OR APARTMENT OF	MEMBER'S FORMER	RSPOUSE								_
d. TYPE OF RESIDENCE (X and complete as applicable) WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 6. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) DRAFT IN HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 6. PERSONS LIVING IN HOUSEHOLD WITH WARD T. 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, use Fair Rental Value (FRV) for dwelling, If ward does not reside in member's household or in a dwelling owned by member, use 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 PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES D. FOOD ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MO	HOME OR APARTMENT OF	MEMBER'S WIDOW	OR WIDOWER		OTHER (Explain	n)					
WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 5. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) J. 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, use 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 TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES D. THER ON-CAMPUS FACILITY HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship)) D. AGE C. MARRIED (X) D. AGE C. MARRIED (X) D. AGE C. MARRIED (X) D. AGE V. MORTGAGE (Specify) D. AGE C. MARRIED (X) D. AGE C. MARRIED (X) D. AGE C. MARRIED (X) D. AGE V. MORTGAGE (Specify) D. AGE C. MARRIED (X) D. AGE V. MORTGAGE (Specify) D. AGE C. MARRIED (X) D. AGE T. AGE	c. ADDRESS WHERE WARD RES	SIDES WHILE NOT AT	TENDING SCHOOL (Longe	er than 90 days) (Street, A	partment l	Number, City, S	State, ZIP (Code)	
WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 5. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) J. 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 claimed 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 TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES D. FOOD TOTHER (Explain) D. AGE C. MARRIED (X) d. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED TOTAL EXPENSE FOR PAST 12 MONTHS A. (X one) RENT FROM J. FORM J. EMPLOYED A. FURNITURE/APPLIANCES J. OTHER (Specify) D. TOTHER (Specify) J. OTHER (Specify) J. OTHER (Specify)											
WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 5. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) J. 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 claimed 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 TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES D. FOOD TOTHER (Explain) D. AGE C. MARRIED (X) d. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED TOTAL EXPENSE FOR PAST 12 MONTHS A. (X one) RENT FROM J. FORM J. EMPLOYED A. FURNITURE/APPLIANCES J. OTHER (Specify) D. TOTHER (Specify) J. OTHER (Specify) J. OTHER (Specify)											
WARD'S OWN HOME OR APARTMENT MEMBER'S HOME OR APARTMENT HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 5. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) D. AGE C. MARRIED (X) J. 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 claimed 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 TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES D. FOOD TOTHER (Explain) D. AGE C. MARRIED (X) d. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED YES NO HOURS PER WEEK NO (X) J. EMPLOYED TOTAL EXPENSE FOR PAST 12 MONTHS A. (X one) RENT FROM J. FORM J. EMPLOYED A. FURNITURE/APPLIANCES J. OTHER (Specify) D. TOTHER (Specify) J. OTHER (Specify) J. OTHER (Specify)	d. TYPE OF RESIDENCE (X and	complete as applicable	e)								
MEMBER'S HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 5. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) DRAFT T 5. PERSONS LIVING IN HOUSEHOLD WITH WARD A. NAME (Last, First, Middle Initial) DRAFT T 5. 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, use Fair Rental Value (FRV) for twelling. If ward does not reside in member's household or in a dwelling owned by member, use Fair Rental Value (FRV) for twelling. If ward does not reside in member's household or in a dwelling owned by member, expense for the past 12 months. If ward resides in the member's household or in a dwelling owned by member, is a manual 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. TEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS a. (X one) RENT PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS D. OTHER (Specify) TOTAL EXPENSE FOR PAST 12 MONTHS A. FURNITURE/APPLIANCES D. FOOD D. TOTHER (Specify)		* * * * * * * * * * * * * * * * * * * *	•		STUDENT DOR	MITORY	OR OTH	ER ON-CAMPI	JS FACILI	TY	
HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER 8. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) DRAFT C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT ON HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) C. MARRIED (X) DRAFT VES NO HOURS PER WEEK NO (X) DRAFT TO MARRIED (X) DRAFT TO MARRI					•						
6. PERSONS LIVING IN HOUSEHOLD WITH WARD a. NAME (Last, First, Middle Initial) DRAF C. MARRIED (X) DRAF ON HOURS PER WEEK NO (X) TES NO HOURS PER WEEK NO (X) TO 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, use 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. PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MON			SPOUSE]		. 0		1112 (0.0	, rolationomp)	
a. NAME (Last, First, Middle Initial) DRAF C. MARRIED (X) DRAFE WEEK NO HOURS PER WEEK NO (X) A. MANE (Last, First, Middle Initial) DRAF T A. 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, use Fair Rental Value (FRV) for it 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. PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE f. OTHER (Specify) D. AGRIFICATION HOME f. OTHER (Specify)					OTHER (Evolui	n)					-
a. NAME (Last, First, Middle Initial) b. AGE C. MARRIED (X) d. EMPLOYED	<u> </u>				OTTLK (Explain	"					
a. NAME (Last, First, Middle Initial) DRAF T NO HOURS PER WEEK NO (X) T. 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, use Fair Rental Value (FRV) for dwelling. If ward does not reside in 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, use Fair Rental Value (FRV): 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 TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES 1. OTHER (Specify) b. FOOD	0. FERSONS LIVING IN 1100	SENOLD WITH WA						AADDIED (V)		4 EMDLOVE	=D
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, use Fair Rental Value (FRV): 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	a.	NAME (Last, First, M.	liddle Initial)			b. AG	E -		HOURS		1
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 PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Od. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES PAST 12 MONTHS f. OTHER (Specify) b. FOOD							YE	5 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 PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Od. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES PAST 12 MONTHS f. OTHER (Specify) b. FOOD											
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 PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Od. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES PAST 12 MONTHS f. OTHER (Specify) b. FOOD											
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 PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Od. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES PAST 12 MONTHS f. OTHER (Specify) b. FOOD			D				-				
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 PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Od. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES PAST 12 MONTHS f. OTHER (Specify) b. FOOD			\mathcal{L}	\	 	<i>'</i>	`				
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 TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Of A FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES f. OTHER (Specify) b. FOOD			Γ	7	1	L					
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 TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Of A FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES f. OTHER (Specify) b. FOOD											
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 TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Of A FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES f. OTHER (Specify) b. FOOD											
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 TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE Of A FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES f. OTHER (Specify) b. FOOD											
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 TOTAL EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY EXPENSE FOR PAST 12 MONTHS ITEM PRESENT MONTHLY TOTAL EXPEN	7. HOUSEHOLD EXPENSES										
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 FOR PAST 12 MONTHS a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE b. FOOD FOOD REPROSE FOR PAST 12 MONTHS G. FURNITURE/APPLIANCES F. OTHER (Specify)	List the household expenses	s for all persons livir	ng in the home. If ex	xpens	se was one-time	e only, s	uch as p	urchase of a	new chai	r, do not sho	w this as
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									U	,	*
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	` ,	•					0	,		00,	rent, or
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											
ITEM PRESENT MONTHLY EXPENSE FOR PAST 12 MONTHS a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE b. FOOD PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES e. REPAIRS ON HOME f. OTHER (Specify)	,	,	•		-						
ITEM PRESENT MONTHLY EXPENSE FOR PAST 12 MONTHS a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE b. FOOD PRESENT MONTHLY TOTAL EXPENSE FOR PAST 12 MONTHS d. FURNITURE/APPLIANCES e. REPAIRS ON HOME f. OTHER (Specify)		on a stranger to rei	it the dwelling. The	/ WIII	not include loot	a, utilitie	s, iuiiiiu	re, and nome	repairs,	WITICIT ATE IIS	ieu
a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE EXPENSE PAST 12 MONTHS d. FURNITURE/APPLIANCES d. FURNITURE/APPLIANCES f. OTHER (Specify)	ooparately.	DDECENT MONTH	V TOTAL EXPENSE					DDECENT M	ONTUIN	TOTAL EVE	
a. (X one) RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE b. FOOD d. FURNITURE/APPLIANCES e. REPAIRS ON HOME f. OTHER (Specify)	ITEM				п	ГЕМ					
RENT FRV MORTGAGE (Specify amount of tax and insurance if applicable) TAX ENSURANCE FROM MORTGAGE INSURANCE FROM MORTGAGE 6. FURNITURE/APPLIANCES e. REPAIRS ON HOME f. OTHER (Specify)	a (Vana)							-7.1			
MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE b. FOOD e. REPAIRS ON HOME f. OTHER (Specify)											
(Specify amount of tax and insurance if applicable) TAX INSURANCE b. FOOD e. REPAIRS ON HOME f. OTHER (Specify)					a. FURNITURE	:/APPLIA	INCES				
insurance if applicable) TAX INSURANCE b. FOOD e. REPAIRS ON HOME f. OTHER (Specify)	(Specify amount of tax and										
TAX INSURANCE b. FOOD f. OTHER (Specify)					e. REPAIRS O	N HOMF					
b. FOOD	TAX				,, ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
	INSURANCE				f. OTHER (Spe	cify)					
c. UTILITIES (Heat, power,	b. FOOD										
	c. UTILITIES (Heat, power,										

0 WARRIO REPOSITION	-110=0						
8. WARD'S PERSONAL EXP							
			nember, his or her immediate far	nily, or any other pers	on. List all of the		
ward's personal expenses rega	ardless of who is payin	g 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				
b. LAUNDRY AND DRY CLEANING			ward's name) h. MONTHLY TRANSPORTA-				
c. MEDICAL (Do not include expenses paid by insurance,			TION PAYMENTS (Include gas, oil, insurance, repairs, and public transportation)				
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 EXPEN	SES						
List ward's school expenses		holarchin grant or oth	oor financial aid				
List ward's scribble expenses	even ii covered by so	anolarship, grant, or ou					
ITEM	AVE	ERAGE MONTHLY EXPENSE	ITEM	AVE	AVERAGE MONTHLY EXPENSE		
a. TUITION			e. BOARD (Food)				
b. BOOKS	$\mathbf{D} \mid \mathbf{D}$	A .	f. OTHER SCHOOL EXPENSES (Specify)			
c. SPECIAL FEES	$D \mid K$	\mathbf{A}	r i				
d. ROOM (Rent)							
10. IF WARD IS IN HOSPITAL	OR INSTITUTION (IN	ICAPACITATED)					
			be furnished. Obtain this inform		l or institution.		
a. DATE WARD ENTERED HOSF	PITAL/INSTITUTION (YY	YYMMDD)	b. ANTICIPATED DATE OF DISCI	HARGE (If known)			
c. WILL WARD RETURN TO MEI	MBER'S HOME AFTER I	DISCHARGE? (If "NO," e	explain where ward will reside)				
NO							
d. WARD'S EXPENSES IN HOS				Τ			
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 HOSPITA	L OR INSTITUTION AF	RE PAID BY:						
	SOURCE	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	s	OURCE			NT MONTHLY XPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
U S I P	(1) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)			(4) STATE OR LOCAL AGENCY (Name and Address)					
C A R D	(2) MILITARY MEDICAL TREATMENT FACILITY								
(3)) PRIVATE INSURANCE			(5) MEMBER					
	(Name and Address)			(6) OTHER (Exp		give			
		D	R A	F		T			
11	I. WARD'S EMPLOYMENT	242	YES	NO					
lf	Has ward been employed since "YES," furnish the following infor				ary.				
	(1) NAME OF EMPLOYER		(2) DATE EMPLOYM	ENT STARTED	(3) DAT	E ENDED		(4) MONTHLY	SALARY (Gross)
a.	(5) TYPE OF WORK PERFORMED)		(6) REASON EI	 MPLOYMI	ENT ENDED			
	(1) NAME OF EMPLOYER		(2) DATE EMPLOYM	ENT STARTED	(3) DAT	E ENDED		(4) MONTHLY	SALARY (Gross)
b.	(5) TYPE OF WORK PERFORMED)		(6) REASON EI	MPLOYMI	ENT ENDED			
	(1) NAME OF EMPLOYER		(2) DATE EMPLOYM	MPLOYMENT STARTED (3) DATE ENDED (4) MONTHLY SALARY (SALARY (Gross)
c.	(5) TYPE OF WORK PERFORMED)		(6) REASON EI	MPLOYMI	ENT ENDED			
d.	IS OR WAS WARD'S JOB CONSID	DERED AS BEING A "S	HELTERED WORKSH	 IOP" - THAT IS, (OPEN ON	LY TO DISA	BLED OI	R HANDICAPPI	ED PEOPLE?
	YES (If "YES" and ward is curre	ently working, attach a	statement from the e	employer verifyin	g this info	ormation.)			
4.	NO NAPPIG COLLOCI. ATTENDA	NOT							
12	2. WARD'S SCHOOL ATTENDA Has ward attended college sind	Г	YES	NO	If "YES	" furnish the	e follow	ing information	n
	(1) NAME AND ADDRESS OF SCH		123	I INO	11 1 1 1 1 1	, idillisii tik	Jionow	(2) (X as applie	
								VOCATI	·
a.					1	1		l l	CEIVING DEGREE
	(3) DATES ATTENDED				(4) (X)	FULL-		(5) WARD'S M	AJOR
	(1) NAME AND ADDRESS OF SCI	HOOL				PART	-IIME	(2) (X as applie	rahle)
	(.)							VOCATI	•
b.								FOR RE	CEIVING DEGREE
	(3) DATES ATTENDED				(4) (X)	FULL	TIME	(5) WARD'S M	AJOR
4.	WADDIE INCOME					PART	-TIME		
13	B. WARD'S INCOME All gross income received by o	r in behalf of the war	d. whether taxable o	r nontaxable. a	nd wheth	ner received	monthl	v. guarterly. o	r vearly, must be
	sted. This includes any income ro 2 months was a lumpsum (one-ti	eceived by persons ir	the capacity of cus	todian or admir	nistrator f	or the ward.			•
SOURCE FRESENT MONTHET FOR PAST 12 SOURCE FRESENT MONTHET FOR PAST 1							TOTAL INCOME FOR PAST 12		
•	WAGES, SALARIES, TIPS, OR	INCOME	MONTHS	d. SOCIAL SE	CURITY P	PAYMENTS.	<u> </u>	NCOME	MONTHS
	OTHER CASH GRATUITIES			DISABILITY (Specify)		,			
	INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			e. SUPPLEME	NTAL SE	CURITY			
C.	INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)			INCOME (SSI) f. VETERANS ADMINISTRATION PAYMENTS (Specify type)					

42 WARDIS INCOME (Continue	I)					
13. WARD'S INCOME (Continue	PRESENT MONTHLY	TOTAL INCOME FOR PAST 12	SOURCE		PRESENT MONTHLY	TOTAL INCOME FOR PAST 12
g. CONTRIBUTIONS FROM	INCOME	MONTHS	j. STATE OR LOCAL WELFARE AID,		INCOME	MONTHS
PERSONS OTHER THAN			INCLUDING AID TO DE	PENDENT		
h. SCHOLARSHIPS OR			CHILDREN (Include age address in Remarks sect			
EDUCATIONAL GRANTS			k. OTHER (Specify)			
i. TAX REFUNDS (Specify)						
14. MEMBER'S CONTRIBUTION	DN .		1			
a. SHOW THE TOTAL AMOUNT		TRIBUTED TO THE W	ARD'S SUPPORT FOR EAC	H OF THE F	PAST 12 MONTHS.	
MONTH AND YEAR	AMOUNT N	ONTH AND YEAR	AMOUNT	MONT	H AND YEAR	AMOUNT
b. MEMBER PROVIDES SUPPO	RT BY (X one)	ALLOTMENT	MONEY ORDER			
		PERSONAL CHECK	OTHER (Explain)			
15. REMARKS						
_		A				
	D R	Λ	$\mathbf{F} - \mathbf{T}$			
		$oldsymbol{ au}$	1' 1			
40.01014711770						
16. SIGNATURES Read the penalty provision	ns sian and data tha	form and have it n	ntarizod			
NOTE: Whoever, in any matter		· ·		oo knowin	adv and willfully falaif	ion concoals or
covers up by any trick, scheme,	•	, ,	• ,		0,	
uses any false writing or docum	·	•				
18, or imprisoned not more than	n 5 years, or both (U.S.	Code, title 18, section	on 1001). The information	provided i	n this form may be re	eferred to the
appropriate Military Service inve						
I make the foregoing claim 287, formerly section 80, prov						
provided in this title.)	nues a penanty as rond	ws. imprisonnen	t for not more than live y	cars and	subject to a fille fill t	ne amount
a. CUSTODIAN						
I/we				(prii	nt name(s)) will imme	diately notify
the service concerned of any ch	nange in child's financia	l circumstances, ma	rital status, physical custo			
member as shown in this form.	· ·					
(1) SIGNATURE OF PERSON WHO	HAS CUSTODY OF THE	WARD (Can be mem	ber or other than member)		(2) DATE SIGNED (Y	YYYMMDD)
b. NOTARY PUBLIC						
Subscribed and duly sworn	(or affirmed) to before r	me according to law	by the above named affiar	nt(s).		
This day of	, _	, at city (o	r town) of		, county of	,
and state (or territory) of						
					(Notary)	
(Official Seal)					(Official Title)	
		My commissi	on expires:			
c. MEMBER					Γ	
(1) SIGNATURE					(2) DATE SIGNED (Y	YYYMMDD)