DEPENDENCY STATEMENT - FULL TIME STUDENT 21 - 22 YEARS OF AGE

OMB No. 0730-0014
OMB approval expires XXXXXXXX

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: This form is used to determine Basic Allowance for Housing (BAH) eligibility for students 21 - 22 years of age. Member completes items 1 and 15. Member, student, or student's custodian completes Items 2 through 14, and has the form 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. A verification of enrollment at an institution of higher learning is required. Verification must be on official school letterhead, and include the school's name and address, the student's status (full-time or part-time), the projected graduation date, and the school's official stamp. Proof of member's contribution (dependent support allotments, cancelled checks, copies of money order receipts, etc., is required.

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) (YYYYMMDD)*	_____
☐ RETIRED	☐ RESERVE	☐ MARINE CORPS	☐ AIR FORCE	☐ OTHER *(Specify)*	

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

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

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

3. STUDENT

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

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

e. HAS STUDENT EVER BEEN MARRIED? *(If Yes, attach a copy of annulment decree, final divorce decree, or death certificate of student's spouse.)*
☐ YES
☐ NO

4. SCHOOL INFORMATION

a. NAME OF SCHOOL	b. COMPLETE SCHOOL ADDRESS *(Street, City, State, ZIP Code)*

c. X ALL MONTHS STUDENT ATTENDS SCHOOL

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

d. DOES STUDENT ATTEND SCHOOL ON A FULL-TIME BASIS?	e. MONTH AND YEAR STUDENT EXPECTS TO GRADUATE
☐ YES ☐ NO	

5. STUDENT'S OTHER PARENT(S)

a. (1) NAME *(Last, First, Middle Initial)*	b. (1) NAME *(Last, First, Middle Initial)*
(2) RELATIONSHIP TO STUDENT	(2) RELATIONSHIP TO STUDENT
(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, DoD ID, and military address.)

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

6. STUDENT'S RESIDENCE

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

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

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

c. ADDRESS WHERE STUDENT RESIDES, IN EXCESS OF 90 DAYS, WHILE NOT ATTENDING SCHOOL *(Street, Apartment Number, City, State, ZIP Code)*

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

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

7. PERSONS LIVING IN HOUSEHOLD WITH STUDENT

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

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

8. 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 student resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If student 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 student 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			f. OTHER *(Itemize in Remarks section)*		
b. FOOD					
c. UTILITIES *(Heat, power, water, and telephone)*					

9. STUDENT'S PERSONAL EXPENSES. List all of the student's personal expenses regardless of who is paying for them.

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

10. STUDENT'S SCHOOL EXPENSES. List all of the student'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)*			

11. STUDENT'S INCOME

All gross income received by or in behalf of the student, 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 student. 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)*					

12. STUDENT'S EMPLOYMENT

a. HAS STUDENT BEEN EMPLOYED DURING THE PAST 12 MONTHS?	☐ YES	☐ NO *(If Yes, furnish the following:)*		
b. NAME OF EMPLOYER	c. DATE EMPLOYMENT STARTED *(YYYYMMDD)*	d. DATE EMPLOYMENT ENDED *(YYYYMMDD)*	e. MONTHLY SALARY *(Gross)*	
f. TYPE OF WORK PERFORMED	g. REASON EMPLOYMENT ENDED			

13. MEMBER'S CONTRIBUTION

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

(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT

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

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

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

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

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

15. SIGNATURES

a. MEMBER, STUDENT, OR CUSTODIAN OF STUDENT

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	**(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)

c. MEMBER

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