

**PARENT'S/PARENT-IN-LAW'S STATEMENT**

**PRIVACY ACT NOTICE FOR  
PHS COMMISSIONED OFFICER'S REQUEST FOR DEPENDENCY CERTIFICATION—FORM PHS-1637-2**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq., and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individuals/Persons."

The information provided on this form will become part of record systems 09-37-0002, "PHS Commissioned Corps Personnel Records, HHS/OASH/OM", and 09-90-0017, "Pay, Leave, and Attendance Records, HHS/OS/ASPER."

**PRINCIPAL PURPOSE AND ROUTINE USES**—This information is used to determine whether an individual's dependency on a PHS commissioned officer entitles the officer to additional Basic Allowance for Quarters (BAQ) and/or the dependent to a dependent's identification card. This information will be used only as necessary in personnel and pay administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems of records may be obtained by contacting the office to which you submit this form.

**EFFECTS OF NONDISCLOSURE**—Disclosure of the Social Security Account Number (SSAN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. The SSAN is also used to distinguish a record from those of commissioned officers who may have similar names and dates of birth. Failure to provide the remaining information will result in denial of this claim, delay and/or errors in determining dependency, late payment or non-payment, or refund of BAQ if payment is based on erroneous information. All statements are subject to verification.

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Answer every question. If any question does not apply, write "Not Applicable" or "N/A" in that block. Complete the Continuation Sheet when required. Incomplete answer will delay final action on the application. NOTE: If parent and spouse live in same household, income and expenses for both must be furnished even though the officer may be claiming only one.

**INFORMATION ABOUT THE OFFICER**

1	OFFICER'S NAME (Last, First, Middle)	OFFICER'S SOCIAL SECURITY ACCOUNT NUMBER
	OFFICER'S MAILING ADDRESS	

**INFORMATION ABOUT THE PARENT OF THE OFFICER**

2	Block C — Show exact relationship to the officer, that is, mother, father, stepmother, stepfather, mother by adoption, father by adoption, mother-in-law, father-in-law, or parent "in loco parentis."				
	A. NAME AND SOCIAL SECURITY ACCOUNT NUMBER		B. ADDRESS (Street address or rural route and box number, City, State, and Zip Code)		
	C. RELATIONSHIP	D. BIRTH DATE	E. TELEPHONE NUMBER OF PARENT Area Code ( )		
	F. PRESENT OCCUPATION OR BUSINESS		G. NAME AND ADDRESS OF EMPLOYER (If unemployed, check here <input type="checkbox"/> and state reason, date unemployment began, and date employment is expected to be resumed.)		

3	SHOW PRESENT MARITAL STATUS	If spouse is deceased or separated from parent, state date of death, divorce, or separation. Month _____ Year _____
	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living apart under legal separation <input type="checkbox"/> Living apart by reason of employment, health, or other reasons (Explain on Continuation Sheet)	

4	IF MARRIED, SHOW THE SAME INFORMATION FOR SPOUSE AS THAT REQUESTED IN ITEM 2. USE THE CONTINUATION SHEET.
---	---

5	PARENT'S CHILDREN INCLUDING ADOPTED CHILDREN, STEPCHILDREN, AND ALL CHILDREN SERVING IN THE UNIFORMED SERVICES (Show the average monthly contributions to parent from each child for each of the past 12 months. Use Continuation Sheet)				
	NAME (Last, First, Middle)	SOCIAL SECURITY ACCOUNT NUMBER (Service Members Only)	MARITAL STATUS M = Married S = Single	BRANCH OF SERVICE (If Applicable)	MONTHLY CONTRIBUTION TO PARENT

**INFORMATION ABOUT PARENT'S RESIDENCE**

6	A. DATE PARENT STARTED LIVING AT CURRENT ADDRESS	B. NAME AND ADDRESS OF OWNER(S) OF DWELLING
	C. PLACE PARENT LIVES IS (Check one)	
	<input type="checkbox"/> Parent's home or apartment <input type="checkbox"/> Home of relative or friend (show relationship) _____ <input type="checkbox"/> Officer's home or apartment <input type="checkbox"/> Hospital, institution, or nursing home (specify) _____	
	INDICATE MONTHLY CHARGE FOR ROOM \$ _____ AND BOARD \$ _____	
	D. DOES PARENT PAY FOR ROOM OR FOOD? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," indicate monthly amount paid for room \$ _____ and monthly amount paid for food \$ _____	
E. IS CURRENT ADDRESS PARENT'S PERMANENT HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," use Continuation Sheet to explain where else parent lives and indicate the number of months there each year.		

**INFORMATION ABOUT PERSONS LIVING IN HOUSEHOLD WHERE PARENT LIVES**

7	LIST ALL PERSONS WHO LIVE IN THE HOUSEHOLD					
	NAME	RELATIONSHIP	AGE	MARITAL STATUS M = Married    S = Single	EMPLOYMENT (If employed, indicate whether full-time or part-time)	MONTHLY CONTRIBUTION TO PARENT

**FAIR RENTAL VALUE**

8. A. If parent lives in officer's home, show the fair rental value of accommodations furnished. Fair rental is the amount parent would have to pay if renting comparable accommodations in the same area. It includes a reasonable amount for use of furniture and appliances, and for heat and other utilities. Fair rental value is used in place of mortgage payments or rent, taxes and insurance on home, cost of furniture and appliances, home repairs, etc.
- Fair rental value \$ \_\_\_\_\_ Food (for entire household) \$ \_\_\_\_\_
- Give a brief explanation of how the fair rental value was calculated using the Continuation section (Page 3).
- B. Complete this block if parent DOES NOT live in officer's home, but does live in a dwelling owned by the officer, using fair rental value as explained above. Also, give brief explanation of how fair rental value was reached.
- Fair rental value \$ \_\_\_\_\_ Food (for entire household) \$ \_\_\_\_\_ Utilities (list only if parent pays separately) \$ \_\_\_\_\_

**HOUSEHOLD EXPENSES**

9. Complete this block if parent lives in own home (whether renting or buying), or if parent lives in the home of a relative or friend and pays for room or food. Show the household expenses for all persons living in the home. NOTE: Please do not list monthly expenses unless parent is actually paying them. For example, if an expense was one-time only, such as the purchase of a new chair, do NOT show this as a monthly expense. Do show it as an expense for the past 12 months.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
Rent			Taxes on home (if not included in payment)		
Payment on home			Insurance on home (if not included in payment)		
Food			Repairs on home		
Utilities (heat, fuel, light, gas, water, and telephone)			Other (specify)		
Furniture and appliances					

**PARENT'S PERSONAL EXPENSES**

10. List personal expenses for parent, parent's spouse, and any unmarried minor children who are not fully employed and who live in household. Do NOT list personal expenses for the officer, his or her immediate family, or any other person.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
Clothing			Personal transportation (include private auto payments and expenses) Estimate if provided by officer.		
Laundry and dry cleaning			Personal taxes (specify)		
Medical (including dental, optical and drugs) Do NOT include expenses paid by insurance, welfare, medicare, or military ID card.			Debt payments being paid (itemize in Continuation section)		
Estimate cost of medical care received by use of military ID card			Other (specify) Use Continuation section if needed.		
Personal insurance					

**PARENT'S ASSETS**

11. Does parent own any assets such as real estate, including home, personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc?  Yes  No If "Yes," all assets must be listed in Continuation section (Page 3)

**PARENT'S INCOME**

12. List all gross income received by parent and parent's spouse, whether taxable or nontaxable and whether paid monthly, quarterly, or yearly. If any income received includes funds for children, be sure to show the amount(s) received for them. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Has parent or spouse applied for any type of pension, social security payment, VA, disability, or retirement payments NOT YET received?  Yes  No If "Yes," explain fully on the Continuation section

SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
Wages, salaries, tips, or other cash gratuities			U.S. Social Security or Veterans Administration payments (list parents and children separately)	Parents	
Interest on investments, bonds and savings				Children	
Sales of livestock or poultry or farm produce (Gross) (see Continuation section)			Supplemental Security Income (SSI) or any kind of welfare and including old age assistance	Parents	
Payment or alimony from separated or divorced spouse (list separately)				Children	
Gross rent received from property (see Continuation section)			Insurance or private pension payments, unemployment, or disability compensation		
			Foreign pension payments (see Continuation Sheet)		
				Other (see Continuation Sheet)	

- Did parent file Federal income tax return for past year?  Yes  No If "Yes," Gross income reported \$ \_\_\_\_\_

13. AMOUNT OFFICER GAVE PARENT, OR PAID IN PARENT'S BEHALF, FOR EACH OF THE PAST 12 MONTHS OR SINCE DEPENDENCY STARTED \$ \_\_\_\_\_

Month/year	Amount										

- Officer provides support by  Allotment  Personal check  Money order  Other (explain in Continuation section)

**PENALTY PROVISION**

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 not more than \$10,000 or imprisoned not more than 5 years, or both (18 U.S.C. 101). The information provided in this form may be referred to the Office of Special Investigation for verification.

READ THE PENALTY PROVISION ABOVE—DATE AND SIGN THE FORM (BELOW), AND HAVE IT NOTARIZED

*I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (18 U.S.C. 287 and 1001, prescribes a penalty as follows: Maximum fine \$10,000 or maximum imprisonment of 5 years, or both.)*  
 I will immediately notify Public Health Service of any change in my (our) financial circumstances or change of dependency upon the officer as shown in this form.

SIGNATURE (Parent/Parent-in-Law)

DATE

SIGNATURE (Parent's Spouse)

DATE

**NOTARY PUBLIC**

Subscribed and duly sworn (or affirmed) to before me according to law by the above-named affiant(s)

This \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ at the city (or town) of \_\_\_\_\_  
 county of \_\_\_\_\_ and state (or territory) of \_\_\_\_\_

NOTARY

(OFFICIAL SEAL)

OFFICIAL TITLE

MY COMMISSION EXPIRES: \_\_\_\_\_

**CONTINUATION SECTION  
 PARENT'S/PARENT-IN-LAW'S DEPENDENCY STATEMENT**

ITEM NO. USE THIS SHEET IF IT IS NECESSARY TO PROVIDE ADDITIONAL INFORMATION OR TO EXPLAIN ANY INFORMATION GIVEN ON THE DEPENDENCY STATEMENT.

3. Explain reason parent and parent's spouse live apart.  
  
 If spouse contributes to parent's support, show average monthly amount \$\_\_\_\_\_. If no support is received, explain fully:

4.	Name of parent's spouse	Relationship to member	SSAN
	Spouse's Address	Date of Birth	
	Spouse's occupation or business	Spouse's telephone number	
		Area Code (_____) Number _____	

5. Continue from Dependency Statement if necessary

6. Explain parent's living arrangements if necessary

8. A. and B.—Brief explanation how fair rental value was reached.

10.	Itemize parent's debt payments	REASON FOR DEBT	MONTHLY PAYMENT	DATE FINAL PAYMENT DUE
	Itemize any other expenses parent has that were not listed on Dependency Statement			

11.	List all assets whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest or dividends to accrue	DESCRIPTION	PRESENT VALUE	PARENT'S EQUITY
-----	---	-------------	---------------	-----------------

Is parent liquidating assets in order to meet living expenses?  Yes  No (For example, is parent withdrawing money from savings, or selling stocks or bonds?)  
 If so, how much of parent's capital is used monthly (average)? \$\_\_\_\_\_  
 Give complete explanation

