

DEPARTMENT OF HEALTH  
HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
**PARENT'S DEPENDENCY AFFIDAVIT** <sup>1/</sup>  
(Dependents' Assistance Act of 1950)

**1** Information Relative To Officer

SERIAL NO.	NAME OF OFFICER (Last, first, middle)	GRADE OR RANK
BRANCH OR SERVICE U. S. Public Health Service	STATION OR SHIP ADDRESS (If ship, give name, home yard, and home port)	

**2** Information Relative My/Our Dependency Upon Officer Named Above

a	NAME OF OFFICER'S MOTHER	ADDRESS	DATE OF BIRTH
b	NAME OF OFFICER'S FATHER	ADDRESS	DATE OF BIRTH

**3** (Note.—When this application is for one parent only, check the following as it applies)

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> LIVING APART UNDER A LEGAL SEPARATION	If your husband or wife is deceased or is divorced or separated from you, state date of death, divorce, or separation	MONTH	YEAR
<input type="checkbox"/> OTHER (Specify)							

**4** If you do not maintain your own household, give the following information about person with whom you live:

NAME AND ADDRESS	RELATIONSHIP	MONTHLY PAYMENT FOR ROOM AND MEALS
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**5** I/We  did  did not file a Federal income tax return for past calendar or fiscal year. If tax return was filed, it was filed with Collector of Internal Revenue at (City and State):

a	PRESENT OCCUPATION OR BUSINESS OF OFFICER'S FATHER	NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason)
b	PRESENT OCCUPATION OR BUSINESS OF OFFICER'S MOTHER	NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason)

**7** My children (including adopted and stepchildren) now serving in the Uniformed Services of the United States:

LAST NAME - FIRST NAME - MIDDLE NAME	GRADE	SERVICE ADDRESS	BRANCH OF SERVICE	RELATION

**8** My children not listed in item 7 (not serving in the Uniformed Services of the United States):

NAME AND ADDRESS	RELATION	AGE	MARRIAGE STATUS		OCCUPATION (If unemployed, so state)	MONTHLY INCOME	MONTHLY CONTRIBUTIONS TO ME/US
			MARRIED	SINGLE			

**9** List all real estate and personal property, including cash, stocks, bonds, etc., owned by you and your husband (or wife). Do not include furniture or household equipment

DESCRIPTION	VALUE	MORTGAGES, LIENS, ETC., THEREON

**10** List any large debts owed by you or your husband/wife:

DESCRIPTION	AMOUNT

<sup>1</sup>This form, after proper modification, shall also be used in the case of a dependent husband. (See Exhibit PHS 3-130-80B, HHS PAYROLL MANUAL.)

11 My/Our total income for past year from sources listed:					
SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL INCOME FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL INCOME FOR THE PAST YEAR
Wages or salaries			Insurance or private pension payments		
Interest on bonds, investments, savings			U. S. Govt. social security payments (Old-Age and Survivors Insurance)		
Sales of livestock or poultry			Unemployment or disability compensation		
Sale of farm produce			Assistance from State or local welfare agencies		
Rents received from properties			Other income (Specify)		
Income from boarders or roomers					
Alimony or payments from divorced or separated husband or wife					
Contributions from others (Excluding member named in item 1)					

12 Itemize your expenses:					
ITEM	PRESENT MONTHLY EXPENSES	TOTAL EXPENSES FOR THE PAST YEAR	ITEM	PRESENT MONTHLY EXPENSES	TOTAL EXPENSES FOR THE PAST YEAR
Rent			Farm or business operating expense		
Payments on home			Other expenses (Specify)		
Food					
Clothing					
Utilities (Heat, light, gas, water)					
Medical					

13 Show above-named officer's monthly contributions to you, including his room and board, if any, during the past year. Check in "X" column each month that officer lived in your household.								
"X"	MONTH AND YEAR	AMOUNT	"X"	MONTH AND YEAR	AMOUNT	"X"	MONTH AND YEAR	AMOUNT

14 If you were not dependent upon officer for past year but are now dependent by reason of change in circumstances, state reasons

15 a During past year did above-named officer help you operate your business or farm?  YES  NO

b To what extent can your business or farm be operated without the assistance of the officer listed above? (Explain)

Note: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both. (Act of June 25, 1948, 18 U. S. C. 287, 1001)

I/We will notify the Public Health Service at once of any change in my/our financial circumstances or change in dependency on the officer

I/We hereby swear (or affirm) that all the foregoing statements are true and correct and that each parent for whom increased allowances are claimed because of dependency is in fact dependent, to the degree indicated, upon the officer for support. I/We further swear (or affirm) that I/we have read the penalty provisions above concerning the presenting of false claims and the making of false statements in connection with claims

DATE	SIGNATURE OF MOTHER	SIGNATURE OF FATHER
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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 city (or town) of \_\_\_\_\_ county of \_\_\_\_\_, and State (or Territory) of \_\_\_\_\_

(OFFICIAL SEAL)

\_\_\_\_\_  
(Notary)  
\_\_\_\_\_  
(Official title)  
My commission expires \_\_\_\_\_