

FAIR RENTAL VALUE

7. IF CHILD LIVES IN OFFICER'S HOME, SHOW THE FAIR RENTAL VALUE OF ACCOMMODATIONS FURNISHED. (FAIR RENTAL IS THE AMOUNT ONE COULD REASONABLY EXPECT TO RECEIVE FROM A TENANT FOR THE SAME TYPE OF LODGING OFFICER IS PROVIDING CHILD. FAIR RENTAL VALUE IS USED IN PLACE OF OFFICER'S EXPENSES FOR RENT OR MORTGAGE PAYMENTS, TAXES, INSURANCE ON HOME, MAINTENANCE (REPAIRS, UPKEEP, AND HOME IMPROVEMENTS), AND A REASONABLE AMOUNT FOR THE CHILD'S USE OF FURNITURE, APPLIANCES, AND UTILITIES.) IN REMARKS (Block 16), GIVE A BRIEF EXPLANATION OF HOW THE FAIR RENTAL VALUE WAS REACHED.

FAIR RENTAL VALUE \$ _____ FOOD (for entire household) \$ _____

HOUSEHOLD EXPENSES

8. COMPLETE THIS BLOCK IF CHILD RESIDES IN HIS/HER OWN HOME OR APARTMENT, HOME OR APARTMENT OF OTHER PARENT, OFFICER'S FORMER SPOUSE, OFFICER'S WIDOW OR WIDOWER, RELATIVE OR FRIEND. SHOW THE HOUSEHOLD EXPENSES FOR ALL PERSONS LIVING IN THE HOME.
NOTE: IF EXPENSE WAS ONE-TIME ONLY, SUCH AS PURCHASE OF A NEW CHAIR, DO NOT SHOW THIS AS A MONTHLY EXPENSE. 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 <i>(If not included in payment)</i> | | |
| PAYMENT ON HOME | | | INSURANCE ON HOME <i>(If not included in payment)</i> | | |
| FOOD | | | REPAIRS <i>(on home)</i> | | |
| UTILITIES <i>(Heat, fuel, electric, gas, water, and telephone)</i> | | | OTHER <i>(Specify)</i> | | |
| FURNITURE AND APPLIANCES | | | | | |

CHILD'S PERSONAL EXPENSES

9. BE SURE TO FURNISH A COMPLETE LIST OF CHILD'S EXPENSES. DO NOT INCLUDE PERSONAL EXPENSE FOR OTHER PERSONS.

| ITEM | PRESENT MONTHLY EXPENSE | TOTAL EXPENSE FOR PAST 12 MONTHS | ITEM | PRESENT MONTHLY EXPENSE | TOTAL EXPENSE FOR PAST 12 MONTHS |
|---|-------------------------|----------------------------------|---|-------------------------|----------------------------------|
| CLOTHING | | | PERSONAL TRANSPORTATION <i>(Include private auto payments and expenses)</i> Estimate if provided by officer | | |
| LAUNDRY AND DRY CLEANING | | | DEBT PAYMENT <i>(Itemize in "Remarks" block)</i> | | |
| MEDICAL <i>(including dental, drugs and optical)</i> Do NOT include expenses paid by welfare, medicare insurance or military ID Card | | | CHILD CARE | | |
| ESTIMATED COST OF MEDICAL CARE RECEIVED IN A MILITARY HOSPITAL WITH ID CARD | | | SCHOOL EXPENSES | | |
| MEDICAL CARE PAID BY CHAMPUS | | | OTHER <i>(Specify)</i> | | |

CHILD'S INCOME

10. ALL INCOME RECEIVED BY OR ON BEHALF OF THE CHILD, WHETHER TAXABLE OR NONTAXABLE OR WHETHER RECEIVED MONTHLY, QUARTERLY, OR YEARLY, MUST BE LISTED. THIS INCLUDES ANY INCOME YOU RECEIVE AS CUSTODIAN OR ADMINISTRATOR FOR THE CHILD.

| ITEM | PRESENT MONTHLY INCOME | TOTAL INCOME FOR PAST 12 MONTHS | ITEM | PRESENT MONTHLY INCOME | TOTAL INCOME FOR PAST 12 MONTHS |
|--|------------------------|---------------------------------|--|------------------------|---------------------------------|
| WAGES, SALARIES, TIPS OR OTHER CASH GRATUITIES <i>(Disability or Regular)</i> | | | U.S. GOVERNMENT SOCIAL SECURITY PAYMENTS <i>(Disability or Regular)</i> | | |
| INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC. | | | SUPPLEMENTAL SECURITY INCOME (SSI) | | |
| SUPPORT FROM PARENT OTHER THAN OFFICER | | | VETERANS ADMINISTRATION PAYMENTS <i>(Specify type)</i> | | |
| INSURANCE OR PRIVATE PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION | | | STATE OR LOCAL WELFARE AID <i>(Including aid to dependent children)</i> | | |
| SCHOLARSHIPS, EDUCATION GRANTS, STUDENT LOANS | | | OTHER <i>(Specify)</i> | | |

11. HAS CHILD BEEN EMPLOYED DURING PAST 12 MONTHS?

YES NO IF "NO," SKIP TO ITEM 12. IF "YES," FURNISH THE FOLLOWING:

NAME AND ADDRESS OF EMPLOYER

DATE EMPLOYMENT STARTED _____ DATE EMPLOYMENT ENDED _____ MONTHLY SALARY *(Gross)* _____

TYPE OF WORK _____ REASON EMPLOYMENT ENDED _____

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

YES NO IF "YES," AND CHILD IS CURRENTLY WORKING, FURNISH A STATEMENT FROM THE EMPLOYER VERIFYING THIS INFORMATION.

DID CHILD FILE FEDERAL INCOME TAX RETURN FOR PAST YEAR?

YES NO IF "YES," GIVE GROSS INCOME REPORTED \$ _____

12. AMOUNT OFFICER CONTRIBUTED FOR CHILD'S SUPPORT EACH OF THE PAST 12 MONTHS.

IF OFFICER IS DECEASED, SHOW AMOUNT SURVIVING SPOUSE PROVIDED EACH MONTH.

| MONTH/YEAR | AMOUNT |
|------------|--------|------------|--------|------------|--------|------------|--------|------------|--------|------------|--------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

OFFICER PROVIDES SUPPORT BY: Allotment Personal Check Money Order Other *(Explain in Block 16)*

INFORMATION ABOUT CHILD BORN OUT OF WEDLOCK

13. A. HAS THE CHILD'S MOTHER SUBSEQUENTLY MARRIED?
 YES NO IF "YES," GIVE DATE OF MARRIAGE _____/_____/_____

B. IF THE MOTHER HAS MARRIED BUT IS NOW DIVORCED, FURNISH A COPY OF THE FINAL DIVORCE DECREE, SEPARATION AGREEMENT, AND INTERLOCUTORY DECREE.

C. HAS PATERNITY OF CHILD BEEN JUDICIALLY DIRECTED?
 YES NO IF "YES," FURNISH COPY OF ALL DOCUMENTS.

D. HAS OFFICER BEEN JUDICIALLY DIRECTED TO SUPPORT THE CHILD?
 YES NO IF "YES," FURNISH A COPY OF ALL DOCUMENTS.

E. IF CHILD LIVES IN A HOME OR APARTMENT OWNED BY SOMEONE OTHER THAN OFFICER, OR CHILD'S OTHER NATURAL PARENT, DOES OFFICER PAY THIS PERSON FOR THE CHILD'S LODGING?
 YES NO IF "NO," SKIP TO ITEM 14.
 IF "YES," ANSWER THE FOLLOWING:
 MONTHLY AMOUNT FOR ROOM \$ _____
 CHILD'S MONTHLY FOOD EXPENSE \$ _____

F. DATE CHILD STARTED LIVING WITH CUSTODIAN
 (Month/Day/Year) _____/_____/_____

INFORMATION ABOUT CHILD 21 YEARS OF AGE OR OLDER IN HOSPITAL OR INSTITUTION

14. IF CHILD IS IN A HOSPITAL OR INSTITUTION, ALL OF THE FOLLOWING INFORMATION MUST BE FURNISHED:
(If all of this information is not known to you, it should be obtained from the hospital or institution.)

A. DATE CHILD ENTERED HOSPITAL/INSTITUTION _____ **B.** ANTICIPATED DATE OF DISCHARGE _____ **C.** WILL CHILD RETURN TO OFFICER'S HOME AFTER DISCHARGE?
 YES NO IF "NO," USE "REMARKS" TO EXPLAIN WHERE CHILD WILL RESIDE.

D. CHILD'S EXPENSES IN HOSPITAL OR INSTITUTION

| ITEM | PRESENT MONTHLY EXPENSE | TOTAL EXPENSE FOR PAST 12 MONTHS | ITEM | PRESENT MONTHLY EXPENSE | TOTAL EXPENSE FOR PAST 12 MONTHS |
|------------------------------------|-------------------------|----------------------------------|--|-------------------------|----------------------------------|
| ROOM | | | CLOTHING | | |
| FOOD | | | LAUNDRY | | |
| REHABILITATION CLASSES OR SERVICES | | | MEDICAL <i>(Include dental, optical, drugs, and other services)</i> | | |
| SPECIALIZED EQUIPMENT | | | EDUCATION | | |
| RECREATION | | | TRANSPORTATION | | |
| OTHER <i>(Specify)</i> | | | OTHER <i>(Specify)</i> | | |

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

| SOURCE | PRESENT MONTHLY PAYMENT | TOTAL PAID PAST 12 MONTHS | SOURCE | PRESENT MONTHLY PAYMENT | TOTAL PAID PAST 12 MONTHS |
|--|-------------------------|---------------------------|--|-------------------------|---------------------------|
| CHAMPLUS | | | OFFICER | | |
| STATE OR LOCAL AGENCY <i>(Name)</i> <i>(Address)</i> | | | PRIVATE INSURANCE <i>(Name)</i> <i>(Address)</i> | | |

F. PRIVATE INSURANCE PREMIUMS ARE PAID BY:

NAME AND RELATIONSHIP: _____
 OTHER *(Explain fully)*: _____
 ADDRESS: _____

INFORMATION ABOUT COLLEGE EXPENSES

15. A. DID CHILD ATTEND COLLEGE DURING THE PAST 12 MONTHS?
 YES NO IF "NO," SKIP TO ITEM 16.
 IF "YES," PROVIDE THE FOLLOWING: ATTENDANCE WAS FULL-TIME or PART-TIME WHAT IS CHILD'S MAJOR? _____

B. SCHOOL ATTENDED
(Name) _____
(Address) _____

C. CHILD'S EXPENSES ARE PAID BY *(Check all applicable boxes)*
 Scholarships \$ _____ Student Loans \$ _____ Grants \$ _____ Officer \$ _____
 Other *(Explain)* _____

D. EXPLAIN HOW AND WHEN PAYMENT OF STUDENT LOANS ARE DUE. WHO IS RESPONSIBLE FOR REPAYMENT?

E. DOES CHILD LIVE IN DORMITORY OR OTHER ON-CAMPUS FACILITY?
 YES NO IF "YES," SHOW MONTHLY AMOUNT PAID FOR: ROOM \$ _____ FOOD \$ _____

F. DOES CHILD RESIDE WITH OFFICER:
 DURING THE SUMMER MONTHS? YES NO BETWEEN SEMESTERS? YES NO
 IF "YES," COMPLETE ITEMS 6 AND 7, SO CHILD'S EXPENSES AND OFFICER'S CONTRIBUTION CAN BE COMPUTED FOR THESE PERIODS.
 IF "NO," EXPLAIN BELOW WHERE CHILD LIVES.

16. REMARKS

17. 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 (U.S. Code, Title 18, Section 1001). The information provided in this form may be referred to the Department's Office of Inspector General for verification.

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, provides a penalty as follows: Maximum fine of \$10,000 or maximum imprisonment of 5 years or both).

I/we will immediately notify the Division of Commissioned Personnel of any change in child's financial circumstances, marital status, or change in dependency upon the officer as shown in this form.

OFFICER'S SIGNATURE

DATE

SIGNATURE OF PERSON COMPLETING FORM (Other than officer)

RELATIONSHIP TO CHILD

DATE

**PRIVACY ACT NOTICE FOR
PHS COMMISSIONED OFFICER'S
REQUEST FOR CHILD'S DEPENDENCY STATEMENT**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 522a). Our authority to collect this information is 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become a 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 by this Department to determine an officer's entitlement to additional Basic Allowance for Quarters (BAQ) and/or the dependent to a dependent's identification card. It may also be provided to the Department of Treasury in support of payroll activities and tax requirements; to Federal, State, or local government agencies when needed to determine eligibility for a benefit; to the Department of State when it becomes involved in the assignment of an officer in a foreign country; or to the Department of Defense when necessary to coordinate joint activities, such as emergency preparedness plans. For additional information about how this information will be used and maintained, obtain a copy of the system notices for 09-37-0002 and 09-90-0017 from the office to which you submit this form.

EFFECTS ON NONDISCLOSURE—Disclosure of the Social Security Number (SSN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. Disclosure of the remaining information is required to obtain this benefit. Failure to provide the remaining information may result in late payment, nonpayment, or collection of monies previously paid for BAQ if payment is based on erroneous information. All statements are subject to verification.