

Military Pay

Secondary Dependency Guide



June 2008

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Defense Finance & Accounting Service

Military Pay Secondary Dependency Guide

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1. Scope, Determinations, Re-Determinations, and Fraudulent Claims

Scope. This guide is applicable to all service members and their dependents who prepare secondary dependent documentation. This guide is also applicable to all Defense Finance and Accounting Service (DFAS) personnel who prepare, manage, review, certify, or approve Secondary Dependent Determination initial applications and annual re-certifications/re-determinations. The scope of this document encompasses the Active, Reserve, and Guard communities. This guide does not apply to retired military, Coast Guard, or any other federal organization. This guide is intended to assist in the submission of requests for the approval of secondary dependency for the purpose of payment of Basic Allowance for Housing and related entitlements for members of the Air Force, Army, Marine Corps, and Navy.

For Air Force/Army/Navy, dependency determinations for that Service are processed by the Dependency Determination Branch at the respective service-specific DFAS site. These are DFAS-Denver for Air Force, DFAS-Indianapolis for Army, and DFAS-Cleveland for Navy. For the Marine Corps, dependency determinations are made at HQMC Quantico, VA.

This guide outlines how to complete the DD Form 137-3, DD Form 137-4, DD Form 137-5, DD Form 137-6 and DD Form 137-7.

Determinations. All determinations of secondary dependency and relationships are made by the Defense Finance and Accounting Service (DFAS) for secondary dependents and doubtful primary dependents for Army, Navy and Air Force, or CMC-MRP-1 (Commandant of the Marine Corps (MRP-1)) for Marines. In determining relationship or dependency for housing allowance eligibility, the appropriate officials must apply the rules in Tables 1 and 2. Dependency must be determined before a housing allowance is authorized. Supporting documentation is always required. Submit original documents and copies of supporting documents to the appropriate DFAS office for secondary dependents or MC command.

The DFAS office, MC command, or CMC-MRP-1 will evaluate the application and determine eligibility for benefits. Each of these offices will maintain the collection of documents for all members who have applied for and received a dependency determination for BAH, travel allowance, or ID card for these dependents. The file contains documents related to the determination such as the DD Form 137-xs, redetermination info, supporting evidence to substantiate the application, and notifications to the member.

Anyone who completes a DD 137 should retain a copy for their files, as well as any supporting documentation.

Re-determinations. After initial approval, the Services must maintain adequate levels of internal audit to assure the legality, propriety, and correctness of all housing allowance payments. See individual Service regulations for re-determination procedures.

Any changes in status of a dependent must be reported immediately. Re-determination is equivalent to certification. In general if a member fails to provide the recertification in a timely manner to renew eligibility

for housing, the housing allowance on behalf of the dependents is stopped at the end of the month in which the certification is due. This requirement also applies to Reserve members who, after initial certification, must recertify dependency status at least every third year from the previous certification or upon a dependency status change. Annual re-determination of dependency is required for a member who claims a housing allowance for: 1) Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, 2) Students 21 and 22 years of age, 3) Incapacitated children over age 21, and 4) Ward of a court.

Fraudulent Claims. Any member who submits a claim for housing allowance which contains false statements is subject to court-martial or criminal prosecution. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties of imprisonment and a fine. For military personnel, it may include a punitive separation, total forfeitures, and confinement.

Bottom Line. What is the result of the determination? For military pay purposes and the focus of this Guide, the member's BAH may increase if the member is now entitled to a members-with-dependents rate.

The secondary dependent may be eligible for military travel and an ID card.

2. Definition of Dependents Including Secondary Dependents


Lawful Spouse and Legitimate, Unmarried, Minor Children. A member's lawful spouse and legitimate, unmarried, minor children are usually dependents for housing allowance purposes (See Tables 1 and 2). There are many complex situations that are contrary to the above statement which are covered in the specific Service regulations (e.g. a dependent whose whereabouts is unknown and whose absence or whereabouts remains unexplained or a former spouse to whom the member is paying alimony). The specific Service regulations also cover a member's marriage status determination.

NOTE: SECONDARY DEPENDENTS - This guide covers the preparation of the standard Department of Defense Form 137-XX Dependency Statements for Secondary Dependency where X is the applicable suffix. The DD 137 is not for secondary dependency, only the suffixes are. There are five DD Form 137s, Dependency Statements for Secondary Dependency, used by DFAS. See Table 3 at the end of this document.

For a summary of the suffixes and their uses along the service-specific forms see Table 4 at the end of this document.

We'll first examine what blocks of the five forms are common to all five. See Appendix E for sample forms. Then we'll look at the 137-x forms in order, briefly at the basis for determination, what 137-x fields are pertinent, and what special instructions must be followed. To examine the specific forms and specific blocks on the forms, you'll need to obtain the form(s) needed from your command office or from your service's website.

3. Blocks Common to all DD Form 137 Series



DEPENDENCY STATEMENT - PARENT	CONTROL NUMBER	<i>Form Approved OMB No. 0730-0014 Expires Sep 30, 2007</i>
<small>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, Executive Services and Communications Directorate (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.</small> PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.		
PRIVACY ACT STATEMENT		
AUTHORITY: Executive Order 9397, November 1943; 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A, Military Pay Policy and Procedures - Active Duty and Reserve Duty. PRINCIPAL PURPOSE(S): The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits. ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service (IRS) for tax purposes, and the Department of Veterans Affairs (DOVA) regarding DOVA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register. 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		
The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member's death. NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's		

The form numbers are found at the bottom left of each page. All forms have multiple pages.

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.)

12. SIGNATURES			
a. PARENT(S)			
I, _____ (print name) and _____ (print name)			
will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.			
(1) PARENT'S SIGNATURE	(2) DATE SIGNED (YYYYMMDD)	(3) PARENT'S SIGNATURE	(4) 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 _____.			
_____ (Official Seal)		_____ (Notary)	
_____ (Official Title)			
c. MEMBER			
(1) SIGNATURE		(2) DATE SIGNED (YYYYMMDD)	

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Reset

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NOTES section: It bears worth repeating to

- Answer all questions
- If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block
- Use the Remarks section when required
- Incomplete action will delay final action on the application
- specific supporting documentation is required; e.g. when using 137-3 verification of all income is required, proof of member's contribution is required when applying for Basic Allowance for Housing (BAH), and the parent must be more than 50% dependent upon member are all required.

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Blocks 1 (ENTITLEMENTS REQUESTED) and 2 (MEMBER IDENTIFICATION) are common to all forms.

Block 1a. The member completes block 1a, 1b, and 1c. USIP is the abbreviation for the Uniformed Services Identification and Privilege (USIP) cards.

<p>NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.</p>		
<p>1. ENTITLEMENTS REQUESTED <i>(X and complete as applicable)</i></p>		
<p>a. TYPE</p> <p><input type="checkbox"/> BAH <input type="checkbox"/> USIP CARD</p> <p><input type="checkbox"/> TRAVEL ALLOWANCE</p>	<p>b. FIRST APPLICATION?</p> <p><input type="checkbox"/> YES <i>(If No, give date of last application)</i></p> <p><input type="checkbox"/> NO <i>(YYYYMMDD)</i></p>	<p>c. LAST APPLICATION WAS</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DISAPPROVED</p>

Block 2. The member complete blocks 2a through 2i with military member information.

At the time of recertification, the parent would use the DECEASED line with an as of date.

<p>2. MEMBER INFORMATION</p>			
<p>a. NAME <i>(Last, First, Middle Initial)</i></p>		<p>b. SSN</p>	<p>c. RANK</p>
<p>d. STATUS <i>(X and complete as applicable)</i></p> <p> <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DECEASED <i>(Date of death) (YYYYMMDD)</i> _____ <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i> _____ </p>			
<p>e. COMPLETE RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i></p>			
<p>f. COMPLETE MILITARY ADDRESS <i>(Include assignment: squadron and base)</i></p>			
<p>g. TELEPHONE NUMBERS <i>(Include DSN or Area Code)</i></p> <p>(1) WORK _____ (2) HOME _____</p>		<p>h. E-MAIL ADDRESS</p>	<p>i. MARITAL STATUS <i>(X one)</i></p> <p> <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED </p>

Include military member's email address for quicker resolution of questions/inquiries/problems.

Be sure to complete the "Marital Status" box, as this may affect Basic Allowance for Housing (BAH).

The remaining blocks on the forms are completed by the member or, in the case of 137-3, by the parent.

Now we'll look at the 137-x forms in order, briefly at the basis for determination, what 137-x fields are pertinent, and what special instructions must be followed. We'll examine blocks 3 and following on each form, starting with the 137-3. Remember blocks 1 and 2 are the same on all the forms.

4. DD Form 137-3 – Parents

A. Determination Basis. A parent's dependency is determined based on an affidavit submitted by the parent, and any other evidence required under applicable regulations. The applicable authority in Tables 1 and 2 makes the dependency determination. A legal guardian may complete the form for a mentally incompetent parent. A member is authorized a housing allowance on behalf of a parent if the parent is dependent upon the member for over one-half of their support. This means:

1. The parents' income, not counting the member's contribution, must be less than one-half of their monthly living expenses, and
2. The member's contribution must be more than one-half of the parent's monthly living expenses.

In determining a parent's dependency, the total income and expenses of the family unit of which the parent is a member must be considered. Ordinarily, the member's contribution to the expenses of the unit must exceed one-half of the unit's total expenses before any one person in the unit can be considered dependent on the member. For example, a mother cannot be considered dependent if she is a member of a family unit in which her husband is supporting himself but is not providing sufficiently for the mother's individual needs. Effective April 20, 1999, payments made to the parent from the Social Security Administration, unemployment compensation, and financial assistance from governmental agencies, are counted as part of the parent's income. Pensions received by the parent are also considered income.

B. Specific Blocks.

Block 3 The “Parent(s) Information” block is critical. This **MUST** be filled out completely.

3. PARENT(S) INFORMATION			
a. (1) NAME (Last, First, Middle Initial)		b. (1) NAME (Last, First, Middle Initial)	
(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)	(2) SSN	(3) DATE OF BIRTH (YYYYMMDD)
(4) RELATIONSHIP		(4) RELATIONSHIP	

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3. PARENT(S) INFORMATION (Continued)			
a. (5) COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)		b. (5) COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)	
(6) TELEPHONE NUMBER (Include Area Code)		(6) TELEPHONE NUMBER (Include Area Code)	
(7) PRESENT OCCUPATION OR BUSINESS		(7) PRESENT OCCUPATION OR BUSINESS	
(8) NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason, date unemployment began, and date employment is expected to resume.)		(8) NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason, date unemployment began, and date employment is expected to resume.)	
c. MARITAL STATUS (X one) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> LIVING APART UNDER LEGAL SEPARATION <input type="checkbox"/> WIDOWED		d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION (YYYYMMDD)	
e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT. GIVE REASON:			

Block 3d must show date and reason for living apart from spouse. It should also provide the date of divorce or date of death of spouse, as appropriate.

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In block 3f, the parent must list, all living [regardless of age] children including the member.

e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON:			
f. CHILDREN (List all parent's living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)			
(1) NAME <i>(Last, First, Middle Initial)</i>	(2) SSN <i>(Service Members Only)</i>	(3) BRANCH OF SERVICE <i>(If on Active Duty)</i>	(4) MONTHLY CONTRIBUTION TO PARENT
g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD? (If Yes, give child's name, SSN, and branch of service.)			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
4. PARENT'S RESIDENCE			
a. TYPE OF RESIDENCE (X and complete as applicable)			
<input type="checkbox"/> HOME OR APARTMENT OF PARENT		<input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE (State relationship)	
<input type="checkbox"/> HOME OR APARTMENT OF MEMBER <i>(Date began residing with member)</i>		<input type="checkbox"/> HOSPITAL OR INSTITUTION	
		<input type="checkbox"/> OTHER (Explain) _____	
b. OWNER OF RESIDENCE			

Block 3g. must be marked if another military member has already claimed parent as dependent or co-dependent.

Block 4a. must show dates and/or relationships, as appropriate.

In block 5a list ALL persons residing in the same household with parent in

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT							
List <u>all</u> persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.							
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED (X)		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO (X)	

Block 6a requires the parent to list the actual amount for rent/mortgage for the household in which he/she resides, regardless of whether the parent pays that amount or not (even if the rent or mortgage is subsidized by another person or entity).

6. 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 parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent 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. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block. FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent 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) <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> 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)					

Be sure to show ACTUAL amount of mortgage or rent regardless of who pays it.

Be sure to list ALL household expenses when parent is living with member.

Blocks 7 (personal expenses), 8 (assets), 9 (income), and 10 (member's contribution) must be filled out completely and require no specific explanations. See Appendix E for the sample 137-3. Block 12 should be used for explanation of any information provided on the form. Please attach additional pages or use the back of the form for additional space. See Appendix E for the sample 137-3.

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.

I make the foregoing claim with full knowledge of the provisions of Title 18, section 1001, of the United States Code, which provides a penalty as follows: Imposition of a fine of not more than \$10,000, or imprisonment for not more than 5 years, or both, for each violation.

12. SIGNATURES

a. PARENT(S)
 I, _____ (print name) and _____ (print name)
 will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.

(1) PARENT'S SIGNATURE	(2) DATE SIGNED (YYYYMMDD)	(3) PARENT'S SIGNATURE	(4) 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 Title)

(Official Seal)

c. MEMBER
 (1) SIGNATURE _____ (2) DATE SIGNED (YYYYMMDD) _____

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Provide signature as specified.

Ensure the form is notarized.

A member's signature is required.

5. DD 137-4 - Child Born Out of Wedlock Under Age 21

A. Determination Basis. Information about the relationship of the child to the member, the living arrangements, and the financial situation is needed for initial claims. Proof of support is required for the initial claim and continuously thereafter for all months when the child does not reside with the member or when the member is assigned to single government quarters. A member must show proof of parentage (Court determined Paternity) on behalf of the illegitimate child.

The Army considers Unmarried illegitimate children under age 21 as a primary dependent and will be verified/authorized by the local Finance/Personnel Office [Defense Military Pay Office).

The Navy does not require DD Form 137-4. Navy Personnel Command (PERS-352E) makes the determination for children born out of wedlock. Their requirements are noted in Table 4 at the end of this document.

B. Specific Blocks.

The member completes blocks 3-11 for one child. If a second child needs a dependency determination, another 137-4 is required.

In block 13b note that a notary seal and signature are required on this form.

6. DD 137-5 - Incapacitated Child over Age 21

A. Determination Basis.

Information about the relationship of the child to the member, the living arrangements, and the financial situation is needed for initial claims. In addition to the 137-5, verification of income, proof of support, relationship documents, and a medical statement are all required to support this claim.

Verification of a dependent's income includes all funds received such as social security, supplementary security income, unemployment compensation, charitable contributions and interest on savings.

A medical sufficiency statement must be provided from a military medical facility. This physician's statement must include a recent medical or psychiatric evaluation and diagnosis, a statement of illness (including the date and child's age and onset of incapacity), the current treatment being rendered, the prognosis for recovery, and the ability to become self-supporting.

The child must be continuously incapable of self-support since before the child's 21st birthday (or 23rd birthday if a full time student) to be favorably considered for dependency status.

If a child does not reside in the member's household, proof of support is required.

A notary seal and signature is required on this form.

The Navy Personnel Command (PERS-352E) processes all applications for Incapacitated Children for the Navy. The Navy considers all funds that a child receives when determining the over 50% support provided by the sponsor. Their requirements are noted in Table 4 at the end of this document. Note on Navy's use of the 137 series: Personnel with dependent family members may be credited BAH upon completion of NAVPERS 1070/602 (Page 2) and determination of dependency.

B. Specific Blocks.

The member completes blocks 3-13 for one child. If a second child needs a dependency determination, another 137-5 is required.

Block 14 does not suggest using a separate sheet of paper, but rather the back of the form.

In block 15b note that a notary seal and signature are required on this form.

7. DD 137-6 - Full-Time Student 21-22 Years of Age

A. Determination Basis.

In addition to the 137-6, verification of income, proof of support, relationship documents, and school cost documents are all required to support this claim.

Submit verification of a dependent's income; this includes income from any source. This verification is required. Submit proof of support if child permanently resides outside member's household. Proof of support may include copies of money orders, cancelled checks, allotments, etc. For school cost documents provide verification of student's full time enrollment in an accredited college or university and documentation of school expenses and any educational assistance the dependent may receive. A letter from the school registrar certifying full-time course of study leading to an associates degree or higher and anticipated graduation date is also required.

For the Navy, if there is a question concerning the individual being a Full-Time Student, then the determination will be referred to the Navy Personnel Command (PERS-352E).

B. Specific Blocks.

The member completes blocks 3-13 for one student. If a second student needs a dependency determination, another 137-6 is required.

Block 14 does suggest using a separate sheet of paper for more remarks.

In block 15b note that a notary seal and signature are required on this form.

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8. DD 137-7 - Ward of the Court

A. Determination Basis.

The DD Form 137-7 must be completed by the service member who has physical guardianship of the child. In addition to the 137-7, verification of income, proof of support, and guardianship documents are required to support this claim.

Verification of the ward's income is required as is proof of support (when ward does not reside with member because of military necessity or hospitalization). Also submit a court order signed by a judge of a United States court awarding permanent custody, and a birth certificate if date of birth is not in the court order.

B. Specific Blocks.

The member completes blocks 3-14 for one ward. If a second ward needs a dependency determination, another 137-7 is required.

Block 4

Ensure the date the ward entered member's household is clearly stated. If the ward is NOT residing in member's household, clearly provide reasons why he/she is not. Use block 4e to provide details.

4. WARD'S RESIDENCE			
a. TYPE OF RESIDENCE <i>(X and complete as applicable)</i>			
<input type="checkbox"/>	HOME OR APARTMENT OF MEMBER	<input type="checkbox"/>	HOME OR APARTMENT OF FRIEND OR RELATIVE <i>(State relationship)</i>
<input type="checkbox"/>	HOME OR APARTMENT OF WARD	<input type="checkbox"/>	STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
<input type="checkbox"/>	HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER	<input type="checkbox"/>	OTHER <i>(Explain)</i>
<input type="checkbox"/>	HOSPITAL OR INSTITUTION		
b. OWNER OF RESIDENCE			
(1) NAME <i>(Last, First, Middle Initial)</i>		(2) ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>	
c. IS RESIDENCE SUBSIDIZED HOUSING?	d. DATE WARD BEGAN LIVING AT CURRENT ADDRESS <i>(YYYYMMDD)</i>	e. DATE WARD BEGAN LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY <i>(YYYYMMDD)</i>	
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			

Block 7 Ensure accurate and complete household expenses are provided.

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	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one) <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> MORTGAGE (Specify amount of tax and insurance if applicable) TAX INSURANCE			d. FURNITURE/APPLIANCES		
b. FOOD			e. REPAIRS ON HOME		
c. UTILITIES (Heat, power, water, and telephone)			f. OTHER (Specify)		

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Be sure to list ALL household expenses when Ward is living with member

Block 14 If the ward does not reside in member's household, due to a duty assignment, show evidence that member provides chief means of support for ward.

14. MEMBER'S CONTRIBUTION
 a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE WARD'S SUPPORT FOR EACH OF THE PAST 12 MONTHS.

MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT

b. MEMBER PROVIDES SUPPORT BY (X one)

<input type="checkbox"/> ALLOTMENT	<input type="checkbox"/> MONEY ORDER
<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> OTHER (Specify)

Clearly show monthly amount and method of payment if no allotment is in place.

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16. SIGNATURES 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.)	
a. CUSTODIAN 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 OF PERSON WHO HAS CUSTODY OF THE WARD (Can be member or other than member)	(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 Title) My commission expires: _____	
(1) SIGNATURE	(2) DATE SIGNED (YYYYMMDD)

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Reset

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A notary seal and signature is required on this form. Ensure the form is notarized.

Strangely block 15 REMARKS does not address using the back of the form or a separate sheet of paper for additional remarks. All remarks must be shown in block 15.

In block 16b note that a notary seal and signature are required on this form.

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TABLE 1

WHO DETERMINES HOUSING ALLOWANCE DEPENDENCY RELATIONSHIP FOR ARMY AND AIR FORCE MEMBERS

R U L E	A	B	C	D	E	F	G	H	I	J											
	If the dependent claimed is	and marriage is	and is under age 21	and is	and certified court adoption papers are	and the child has income from source other than member	and is incapable of self support	Then													
								Army disbursing officer or de-signee	Air Force FSO or de-signee	a claim must be submitted through channels for determination, or submission to DOHA for decision											
1	spouse	lawful						X (NOTE 7)	X												
2		of questionable legality (NOTE L)							X (NOTE 8)	X											
3	child unmarried		yes	legitimate, or legitimated by marriage of blood parents				X (NOTES 3 & 7)	X (NOTE 3)												
4											adopted (NOTE E 2)	available	no						X (NOTE 6)		
5												(NOTE 3)	yes								X (NOTES 3 & 8)
6												not available (NOTE 4)									X (NOTES 3 & 8)
7												stepchild (NOTES 3 & 7)	no								X (NOTES 3 and 8)
8														yes				X (NOTES 3 & 8)	X (NOTE 5)		
9												yes	illegitimate child of member or legitimated by affidavit or court order						X (NOTE 8)	X	
10													no				yes (NOTE 2)				
11	child, married	terminated by divorce, annulment, or death of spouse	yes						X (NOTE 8)	X											

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TABLE 2

WHO DETERMINES DEPENDENCY RELATIONSHIP FOR NAVY AND MARINE CORPS MEMBERS														
R U L E	A	B	C				D	E	F					
	If the dependent claimed is	and	and member is a				And	and	then determination is made by					
			Navy officer	Marine Corps officer	Navy enlisted member	Marine Corps enlisted member			DFAS Cleveland	Commandant of the Marine Corps	Commanding Officer of a battalion, or separate squadron, or separate detached command	Disbursing Officer	claim must be submitted through channels for determination or submission to DOHA for decision (note 2).	
1	any person who can qualify as a dependent				X				X					
2	a spouse	marriage is legal un-questionable	X										X	
3				X		X	neither member has been previously married	marriage has been contracted with the various states or territories by legal civil or religious ceremony				X (NOTE 1)		
4		marriage is of doubtful legality				X				X				
5			X	X										X

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WHO DETERMINES DEPENDENCY RELATIONSHIP FOR NAVY AND MARINE CORPS MEMBERS (cont'd)													
R U L E	A	B	C				D	E	F				
	If the dependent claimed is	and	and member is a				And	and	then determination is made by				
			Navy officer	Marine Corps officer	Navy enlisted member	Marine Corps enlisted member			DFAS Cleveland	Commandant of the Marine Corps	Commanding Officer of a battalion, squadron, or separate detached	Disbursing Officer	claim must be submitted through channels for determination or submission to DOHA for decision (note 2).
6	unmarried legitimate child	child is under age 21	X									X (N O T E 2)	
7				X							X (NOTE 2)		
8							dependent child is of present or former spouse (NOTE 3)				X (NOTE 4)		
9	a combination of any of the dependents in rules 2 through 8	child is under age 21				X					X (NOTE 4)		
10	an unmarried child	child is age 21 or older	X	X									X
11						X			X				
12	an unmarried stepchild	child's dependency relationship is not doubtful	X		X							X	
13				X							X		
14	or adopted child					X					X		
15				X		X				X			
16					X		X			X			
17	an unmarried illegitimate child					X			X			X	
18				X						X			
19				X							X		
20	a parent (including "in loco parentis")		X		X				X				
21				X		X				X			

NOTES:

1. This same rule applies when either member or spouse has been previously married, if the previous marriage was dissolved by death, final decree or divorce, or by annulment (not prohibiting remarriage).
2. Submit doubtful cases through channels to the DOHA.
3. The child's birth date must be after the date of the marriage concerned.
4. Submit questionable cases to the Commandant of the Marine Corps.

Table 3 List of Forms and Number of Pages per Form

Form Number	Form Title	Number of Pages
137-3	Dependency Statement – Parent	5
137-4	Dependency Statement – Child Born Out of Wedlock Under Age 21	4
137-5	Dependency Statement – Incapacitated Child Over Age 21	5
137-6	Dependency Statement – Full Time Student 21 – 22 Years of Age	4
137-7	Dependency Statement – Ward of a Court	5

Table 4 Suffixes and their Uses along the service-specific Forms

Dependent	Other Documents Needed	DFAS	Air Force with DFAS location of DFAS Denver		Army with DFAS location of DFAS Indianapolis		Marine Corps with DFAS location of DFAS Kansas City		Navy with DFAS location of DFAS Cleveland	
		DD Form used	DD Form used	Other Forms used	DD Form used	Other Forms used	DD Form used	Other Forms used	DD Form used	Other Forms used
Parent	--verification of income --proof of support --relationship documents	137-3	137-3	AF Form 594 and DFAS-DE Form 1856	137-3	none	137-3	NAVMC FORM 10922	137-3	none
Child Born Out of Wedlock Under Age 21	--verification of income --relationship documents	137-4	137-4	none	137-4	none	none	NAVMC FORM 10922 and NAVMC Form 11346	137-4	none
Incapacitated Child Over Age 21	--verification of income --proof of support --relationship documents --medical sufficiency statement	137-5	137-5	AF Form 594	137-5	none	none	NAVMC FORM 10922 and NAVMC Form 11346	none	none; Determined by Navy Personnel Command
Dependency Statement – Full Time Student 21 – 22 Years of Age	--verification of income --proof of support --relationship documents --school cost documents	137-6	137-6	AF Form 594 and DFAS-DE Form 1856	137-6	none	none	NAVMC FORM 10922 and NAVMC Form 11346	137-6	none
Ward of a Court	--verification of income --proof of support --guardianship documents	137-7	137-7	AF Form 594 and DFAS-DE Form 1856	137-7	none	none	NAVMC FORM 10922	137-7	none

The explanation of the “Other Documents Needed” column may be found in the service-specific instructions.

The guides for the service-specific forms are listed in Appendix c. Determinations of the more intricate family situations are discussed in the service-specific instructions.

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Appendix A: Frequently Asked Questions

✓ **Who Qualifies as a Secondary Dependent?**

To be considered sufficiently dependent upon the member, the claimed dependents qualifying income **must be less** than 50% of his/her expenses and the member's contribution **must exceed** 50% of the dependent's expenses. This can include;

Parent, parent-in-law, stepparent, parent by adoption, or any person who stood "in loco parentis" to the member at any time for a continuous period of at least five years before the member became age 21.

Ward of a court who is unmarried and placed in legal and physical custody of the member for a period of at least 12 consecutive months.

✓ **Can I complete the form online?**

Yes, the form can be completed online; however, a printed copy with the original signatures must be submitted.

✓ **Where do I find the form?**

All DD Form 137-X forms can be found at: <http://www.dod.mil/dfas/library/> and follow the link to *Department of Defense Forms*, or directly at: <http://www.dtic.mil/whs/directives/infomgt/forms/ddforms1-499.htm>. Service-specific forms may be found at the service sites noted below in Appendix C.

✓ **Where do I submit my form?**

Mail the completed form to the appropriate point-of-contact for your branch of military service. Please see Secondary Dependency Contact Information on the next page, Appendix B.

✓ **How long will the process take?**

--determination by Marine Corps – to be determined by the marine Corps

--determination made by DFAS for Air Force, Army, and Navy: Once a completed form is received at DFAS, please allow about 2 to 6 weeks for processing. Incorrect or incomplete forms will add additional processing time.

✓ **Who should I contact with questions for filling out the form?**

The DFAS location servicing your military branch will provide assistance or see Secondary Dependency Contact Information on page 25.

✓ **Which form do I need?**

There are five different DD Form 137s. Each form is specific to the status of the secondary dependent. Those forms are:

--DD Form 137-3: Dependency Statement – Parent

--DD Form 137-4: Dependency Statement – Child Born Out Of Wedlock Under Age 21

--DD Form 137-5: Dependency Statement – Incapacitated Child Over Age 21

--DD Form 137-6: Dependency Statement – Full Time Student 21 – 22 Years Of Age

--DD Form 137-7: Dependency Statement – Ward Of A Court

✓ **Who should fill out the form?**

--DD Form 137-3: Parent of servicemember or servicemember

--DD Form 137-4: Servicemember

--DD Form 137-5: Servicemember

--DD Form 137-6: Servicemember

--DD Form 137-7: Servicemember

✓ **What other things might I do to streamline the application process?**

--Ensure the form is appropriately signed by all who need to sign it.

--Ensure the form is notarized.

--In all cases, clearly provide information detailing the circumstances that caused dependency. Use the Remarks block of the appropriate DD Form 137 to provide detail.

--In all cases, clearly show the monthly amount and method of payment for support provided by the member if there is no allotment in place.

--Fair Rental Value (FRV) is a single monthly sum for the dwelling where the dependent resides. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling.

--The value of the USIP card is based upon the medical services (to include prescription medication) provided by the military (to include TRICARE) to any secondary dependent.

--As with any entitlement program, servicemembers must keep records when obtaining government funds/entitlement.

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Appendix B Points of Contact

Air Force

DFAS-Denver/Code JMOB
6760 East Irvington Place
Denver, CO 80279-3000
commercial: 303-676-7907
fax: 303-676-6300
DSN: 926-7907
email: AFMPODependency@DFAS.MIL

Army

DFAS-Indianapolis/Code JMTCB
8899 East 56th Street
Indianapolis, IN 46249-0865
commercial: 317-510-0490
fax: 317-510-1084
DSN: 699-0490
email: DependencyDetermination@dfas.mil

Marine Corps

Headquarters, United States Marine Corps
Commandant of the Marine Corps (MRP-1)
Manpower and Reserve Affairs MRP-1
3280 Russell Road
Quantico, VA 22134-5143
commercial: 703-784-9529
fax: 703-784-9828
DSN: 278-9529
email: MRP1@usmc.mil

Navy

DFAS-Cleveland/Code JJCCB
1240 East 9th Street
Cleveland, OH 44199-2055
toll free number: 1-888-332-7411
fax: 216-522-6310
email: ccl-navy-secondary-dependency@dfas.mil

Navy Personnel Command

PERS- 352E
ID Card Benefits and Eligibility Section
5720 Integrity Drive
Millington, TN 38055-3120
toll free number 1-866-827-5672
fax: 901-874-2766
DSN: 882-3360 or 882-2766
e-mail: CSMailbox@navy.mil

NOTE: The Military Pay Operations Functional Area, Finance Mission Area, Standards and Compliance Directorate at the Defense Finance and Accounting Service/Cleveland prepared this Guide. See their contact information on the cover page.

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Appendix C References

General Information

Most material concerning dependency may be found in the JFTR VOLUME I (UNIFORMED SERVICE MEMBERS) \ 2008 \ FEB 2008 JFTR \ Chapter 10 - Housing Allowances \ PART B: DEPENDENCY published online at

<http://dodtravelregs.hqda.pentagon.mil/propub/template.htm?view=main>

The DD 137-x suffixes are found at DoD Forms Site; scroll down to the 137 series.

<http://www.dtic.mil/whs/directives/infomgt/forms/ddforms1-499.htm>

Air Force

AIR FORCE MANUAL 65-116 V1/1 APRIL 2007/DEFENSE JOINT MILITARY PAY SYSTEM ACTIVE COMPONENT (DJMS-AC)FSO PROCEDURES

<http://www.e-publishing.af.mil/> then use AFMAN 65-116 in the “Search” block

Army

Army Secondary Dependency Determination

<http://www.dfas.mil/militarypay/usefullink/armysecondarydependencydetermination.html>

Marine Corps

MARINE CORPS ORDER P1751.3F, MRP-1/24 Dec 03

From: Commandant of the Marine Corps,

Subj: DEPENDENCY DETERMINATION AND BASIC ALLOWANCE FOR HOUSING (BAH) MANUAL is found at

[http://www.usmc.mil/directiv.nsf/0dce83e13c9c8aa685256c0c0066c2e0/a4b200f8d9a144f785256777006e57e3/\\$FILE/MCO%20P1751.3F.pdf](http://www.usmc.mil/directiv.nsf/0dce83e13c9c8aa685256c0c0066c2e0/a4b200f8d9a144f785256777006e57e3/$FILE/MCO%20P1751.3F.pdf)

Navy

<http://www.npc.navy.mil/CommandSupport/PayPersSupport/IDCards/Benefits.htm>

This site describes the documentation requirements and links to this very Guide.

Appendix D Sample DD 137 Forms

SEE BELOW FOR THE INDIVIDUAL FORMS.