

SECONDARY DEPENDENCY APPLICATIONOMB No. 0730-0014
Expires 8/31/2027

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

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 fund 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://dpclid.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 certification.

WARNING

Read information regarding supporting documentation to show dependency at the end of this form prior to completing.

SECTION 1: DEPENDENCY TYPE

If approved, the claimed individual may be eligible for the following entitlements: Basic Allowance for Housing (BAH) not to exceed full BAH with dependents, Uniformed Services Identification and Privileges Card (USIP), travel allowances, morale, welfare, and recreation privileges, and commissary and exchange. **Note:** A Parent / Parent-in-law / Stepparent not residing with the sponsor and In-loco parentis dependents are not entitled to a USIP card.

a. WHAT TYPE OF DEPENDENCY ARE YOU APPLYING FOR? (See page 3 for full description of supporting documentation that must be provided with application.)

- ☐ **INCAPACITATED CHILD (21 YEARS OR OVER)** - Attach a medical sufficiency letter attesting to the date and extent of incapacity and financial support documentation.
- ☐ **WARD (UNDER 21 YEARS OLD)** - Attach an agreement, an order, or other appropriate document from a court of competent jurisdiction granting custody and financial support documentation.
- ☐ **STUDENT (CHILDREN UNDER AGE 23, ENROLLED IN HIGHER LEARNING)** - Attach a letter from the school registrar certifying full-time course of study and anticipated graduation date and financial support documentation.
- ☐ **PARENT / PARENT-IN-LAW / STEPPARENT** - Attach financial support documentation.
- ☐ **IN-LOCO PARENTIS** - Attach DFAS Affidavits 9124 and 9125 attesting to the relationship and financial support documentation.

SECTION 2: SPONSOR'S INFORMATION

a. NAME (Last, First, Middle Initial)		b. DOD ID NUMBER/SSN	c. RANK
d. BRANCH OF SERVICE		e. SERVICE STATUS <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> DECEASED (date of death) (YYYYMMDD) _____	
f. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code)			
g. TELEPHONE NUMBERS (Include DSN or Area Code) HOME/CELL: WORK:		h. E-MAIL ADDRESS	i. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED

SECTION 3: CLAIMED INDIVIDUAL'S INFORMATION

a. NAME (Last, First, Middle Initial)		b. DATE OF BIRTH (YYYYMMDD)
c. RELATIONSHIP TO SPONSOR		
d. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code)		
e. CLAIMED INDIVIDUAL'S MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED (Attach a copy of annulment decree of final divorce decree)		
f. IF CLAIMED INDIVIDUAL IS WARD, ENTER THE DATE CLAIMED INDIVIDUAL BEGAN RESIDING WITH SPONSOR (YYYYMMDD)		

g. DOES ANY OTHER PERSON(S) CLAIM THE INDIVIDUAL FOR BASIC ALLOWANCE FOR HOUSING, TRAVEL ALLOWANCE, OR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGES (USIP) CARD ☐ YES (list below) ☐ NO (skip to SECTION 4)

NAME (Last, First, Middle Initial)	DOD ID NUMBER	BRANCH OF SERVICE

SECTION 4: CLAIMED INDIVIDUAL'S SCHOOL ATTENDANCE

If claimed individual has been enrolled in a full-time course of study in the past 12 months, furnish all of the following information and include proof of school registration with your application. (If not, skip to SECTION 5). **Note:** Student may still qualify for a Uniformed Services Identification and Privileges Card (USIP) during school break if enrolled before school break and immediately after school break.

a. NAME AND ADDRESS OF SCHOOL
b. DATES ATTENDED (YYYYMMDD)

FROM:

TO:

c. STUDENT MAILING ADDRESS
SECTION 5: IF CLAIMED INDIVIDUAL RESIDES IN A HOSPITAL OR INSTITUTION

If claimed individual is in a hospital or institution, furnish all of the following information. (If not, skip to SECTION 6)

a. ENTERED HOSPITAL/INSTITUTION (YYYYMMDD)
b. ANTICIPATED DATE OF DISCHARGE (YYYYMMDD)
c. WILL CLAIMED INDIVIDUAL RETURN TO SPONSOR'S HOME AFTER DISCHARGE? ☐ YES ☐ NO (Explain where claimed dependent will reside)

SECTION 6: FINANCIAL SUPPORT REQUIREMENT
a. DID YOU CLAIM THE INDIVIDUAL NAMED IN 3A AS A DEPENDENT ON YOUR MOST RECENT TAX RETURN?

☐ **YES** (Please provide a copy of your prior year's tax return showing the claimed individual as a dependent. If you do not want, or are unable to provide a copy of your tax returns, please complete and return Worksheet for Determining Financial Support with your DD137 to demonstrate financial support of the claimed individual.)

☐ **NO** (Please complete and return the Worksheet for Determining Financial Support with your DD137 to demonstrate financial support of the claimed individual.)

SECTION 7: REMARKS (if necessary, use back)
SECTION 8: FINANCIAL DEPENDENCY

To qualify as a secondary dependent, the claimed individual must be more than one-half (50%) 'in fact' dependent on the sponsor. Sponsors must provide more than one-half (50%) of the claimed individual's support. The claimed individual's income that is used for own support must also be considered in determining whether the Sponsor is providing more than one-half support. You must prove financial dependency to qualify.

Under penalties of perjury, I certify claimed individual is to my knowledge my dependent as defined by this form.

☐ This is to certify that based on the conditions within, I (the sponsor) hereby certify the above "qualification statement" is true and correct to the best of my knowledge, and that I meet the requirements to claim the individual named in section 3a as my dependent.

READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM

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.)

SECTION 9: SIGNATURES
a. SPONSOR/CLAIMED INDIVIDUAL'S REPRESENTATIVE

I/we _____ (print name(s)) will immediately notify the service concerned of any change in claimed dependent's financial circumstances, marital status, physical custody, or change in dependency upon the sponsor as shown in this form.

(1) SPONSOR(S) SIGNATURE
(2) DATE (YYYYMMDD)

SUPPORTING DOCUMENTS FOR DEPENDENTS

Financial Dependency: Please provide a copy of your prior year's tax return showing the claimed individual as a dependent. If you do not want, or are unable to provide a copy of your tax return, please complete and return the Worksheet for Determining Financial Support with your DD137 to demonstrate financial support of the claimed individual.

***Eligibility start and stop dates will be determined based upon information provided and applicable laws and regulations.**

If the Person is a(n):	And:	Then please send copies of the following documents:
Incapacitated Adult Child The individual named in section 3a is incapable of self-support because of mental or physical incapacity incurred before his/her 21st birthday or incurred before attaining age 23 during a full-time course of study in an accredited institution as determined by DoD policy.	The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support. and The individual named in section 3a is unmarried*. <small>*If person does not meet these criteria, they are not eligible for secondary dependency status.</small>	Prior year's tax return or the Worksheet for Determining Financial Support and A medical sufficiency statement issued by approved medical provider stating incapacitation. You will need to send more than one document.
Student (age 21-22) The individual named in section 3a is under age 23 years old and enrolled in a full-time course of study in an accredited institution as determined by DoD policy.	The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support. and The individual named in section 3a is unmarried*. <small>*If person does not meet these criteria, they are not eligible for secondary dependency status.</small>	Prior year's tax return or the Worksheet for Determining Financial Support and Birth certificates or other official documents of birth, marriage certificates, letter from an authorized adoption agency, letter from the authorized placement agency, or applicable court document that verify relationship to the child if not previously enrolled in DEERS. and A letter from the school registrar or the National Student Clearinghouse enrollment verification, certifying full-time course of study at the institution. You will need to send more than one document.
Legal Custody Ward The individual named in section 3a under the age of 21 and placed in the sponsor's care and custody under an order or other appropriate document from a court of competent jurisdiction.	The individual named in section 3a lived resides with the member sponsor unless separated by military necessity or to receive institutional care as a result of a disability or incapacitation) and The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support. and The individual named in section 3a is unmarried*. <small>*If person does not meet these criteria, they are not eligible for secondary</small>	Prior year's tax return or the Worksheet for Determining Financial Support and A copy of the order or other appropriate document from a court of competent jurisdiction in the United States (or U.S. territory or possession) that established legal custody of the child by the sponsor for no less than 12 consecutive months. Note: The court order can designate the length of custody by age, time, or permanency, stipulating temporary or permanent. If no custody time-period is listed on the court order, the custody is generally considered permanent. However, if the court order is titled "temporary" but otherwise unspecified as to duration, further clarification may be requested to ensure the legal requirements are met. You will need to send more than one document.
Parent	The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support. and For USIP Benefits only: The individual named in section 3a resides (lives with) with member sponsor. <small>*If person does not meet these criteria, they are not eligible for secondary dependency status.</small> <small>** A member/sponsor may claim a parent as dependent for housing and travel allowance purposes even if parent is not residing with the member/sponsor.</small>	Prior year's tax return or the Worksheet for Determining Financial Support and Member's birth certificate or other official documents of birth, letter from an authorized adoption agency, letter from the authorized placement agency, or applicable court document that verify relationship to the member if not previously enrolled in DEERS. and Parent's Marriage Certificate You will need to send more than one document.

CUI (when filled in)

<p>Parent-In-Law</p>	<p>The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support.</p> <p>and</p> <p><u>For USIP Benefits only:</u> The individual named in section 3a resides (lives with) with member sponsor.</p> <p>*If person does not meet these criteria, they are not eligible for secondary dependency status.</p> <p>** A member/sponsor may claim a parent as dependent for housing and travel allowance purposes even if parent is not residing with the member/sponsor.</p>	<p>Prior year's tax return or the Worksheet for Determining Financial Support</p> <p>and</p> <p>Spouse's birth certificate or other official documents of birth, letter from an authorized adoption agency, letter from the authorized placement agency, or applicable court document that verify relationship to the member if not previously enrolled in DEERS.</p> <p>and</p> <p>Member's marriage certificate</p> <p>and</p> <p>Parent's Marriage Certificate</p> <p>You will need to send more than one document.</p>
<p>Stepparent (also includes spouse's stepparent)</p>	<p>The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support.</p> <p><u>For USIP Benefits only:</u> The individual named in section 3a resides (lives) with member sponsor.**</p> <p>* If person does not meet these criteria, they are not eligible for secondary dependency status.</p> <p>** A member/sponsor may claim a parent as dependent for housing and travel allowance purposes even if parent is not residing with the member/sponsor.</p>	<p>Prior year's tax return or the Worksheet for Determining Financial Support</p> <p>and</p> <p>For a Member's Stepparent: Member's birth certificate or other official documents of birth, letter from an authorized adoption agency, letter from the authorized placement agency, or applicable court document that verify relationship to the member if not previously enrolled in DEERS.</p> <p>or</p> <p>For a Spouse's Stepparent: Spouse's birth certificate or other official documents of birth, letter from an authorized adoption agency, letter from the authorized placement agency, or applicable court document that verify relationship to the member;</p> <p>and</p> <p>Member's marriage certificate</p> <p>and</p> <p>Parent's Marriage Certificate</p> <p>You will need to send more than one document.</p>
<p>In-Locho Parentis</p> <p>The individual named in section 3a stood in place of a parent to the sponsor for at least five years prior to sponsor's emancipation.</p>	<p>The individual named in section 3a is dependent on the member sponsor for over one-half of his/her support.</p> <p>and</p> <p>The individual named in section 3a stood in the place of a parent to the sponsor for at least five years prior to sponsor's emancipation*.</p> <p>* If person does not meet these criteria, they are not eligible for secondary dependency status.</p> <p>** In Loco Parentis are not eligible for USIP benefits, but member/sponsor may claim for purposes of BAH and other eligible travel allowances.</p>	<p>Prior year's tax return or the Worksheet for Determining Financial Support</p> <p>and</p> <p>DFAS Form 9124 (Affidavit by member)</p> <p>and</p> <p>DFAS Form 9124 (Affidavit by claimed dependent)</p> <p>and</p> <p>Two DFAS Form 9125 (Two third-party affidavits NOT completed by relatives of the member or the claimed dependent)</p> <p>You will need to send more than one document.</p>

Worksheet for Determining Financial Support

WARNING

Read the instructions at the end of this form in their entirety prior to completing.

PERSONAL INFORMATION

SPONSOR NAME (Last, First, Middle Initial)

DOD ID NUMBER/SSN

CLAIMED INDIVIDUAL'S NAME (Last, First, Middle Initial)

DATE (YYYYMMDD)

FUNDS BELONGING TO THE PERSON YOU SUPPORTED*

1. Enter the total funds belonging to the person you supported, including income received (taxable and nontaxable) and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year. Do not include funds provided by the state; include those amounts on line 23 instead

1. _____

2. Enter the amount on line 1 that was used for the person's own support

2. _____

3. Enter the amount on line 1 that was used for other purposes

3. _____

4. Enter the total amount in the person's savings and other accounts at the end of the year

4. _____

5. Add lines 2 through 4. (This amount should equal line 1.)

5. _____

EXPENSES FOR ENTIRE HOUSEHOLD* (where the person you supported lived)

6. Lodging (complete line 6a or 6b):

a. Enter the total rent/mortgage paid for the year

6a. _____

b. Enter the fair rental value of the home. If the person you supported owned the home, also include this amount in line 21

6b. _____

7. Enter the total food expenses

7. _____

8. Enter the total amount of utilities (heat, electric, water, etc., not included in line 6a or 6b)

8. _____

9. Enter the total amount of home repairs (not included in line 6a or 6b)

9. _____

10. Enter the total of other household expenses

10. _____

11. Add lines 6a through 10. These are the total household expenses

11. _____

12. Enter total number of persons who lived in the household

12. _____

EXPENSES FOR THE PERSON YOU SUPPORTED*

13. Divide line 11 by line 12. This is the person's share of the household expenses

13. _____

14. Enter person's total clothing expenses

14. _____

15. Enter the person's total education expenses (not covered by scholarship or grants)

15. _____

16. Enter the person's, medical, vision, and dental expenses not paid for or reimbursed by insurance or TRICARE

16. _____

17. Enter the person's total travel and recreation expenses

17. _____

18. Enter the total of the person's other expenses

18. _____

19. Add lines 13 through 18. This is the total cost of the person's support for the year

19. _____

DID THE PERSON PROVIDE MORE THAN HALF OF THE PERSON'S OWN SUPPORT?

20. Multiply line 19 by 50% (0.50)

20. _____

21. Enter the amount from line 2, plus the amount from line 6b, if the person you supported owned the home. This is the amount the person provided for their own support

21. _____

22. Is line 21 more than line 20?

☐ Yes. You do not meet the support test for this person to be your qualifying dependent. **Stop Here.**

☐ No. Continue to line 23 and fill out the rest of the worksheet.

DID YOU PROVIDE MORE THAN HALF?

23. Enter the amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies. Don't include social security income or any other amounts included on line 1

23. _____

24. Add lines 21 and 23

24. _____

25. Subtract line 24 from line 19. This is the amount you provided for the person's support

25. _____

26. Is line 25 more than line 20?

☐ Yes. You meet the support test for this individual to be your qualifying dependent.

☐ No. You do not meet the support test for this individual to be your qualifying dependent.

INSTRUCTIONS

SUPPORT TEST – How to determine if the support test is met. Determine whether you have provided more than half of a claimed individual's total support by comparing the amount you contributed to that individual's support with the entire amount of support that person received from all sources. This includes support the individual provided from the individual's own funds. **NOTE: A person's own income is not support unless the income is actually spent for support.**

Example: Your mother received \$2,400 in social security benefits and \$300 in interest. She paid \$2,000 for lodging and \$400 for recreation. She put \$300 in a savings account. Even though your mother received a total of \$2,700 (\$2,400 + \$300), she spent only \$2,400 (\$2,000 + \$400) for her own support. If you spent more than \$2,400 for her support and no other support was received, you have provided more than half of her support.

FUNDS BELONGING TO THE PERSON YOU SUPPORTED

1. Enter the total funds belonging to the person you supported, including income received (taxable and nontaxable) and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year. Do not include funds provided by the state; include those amounts on line 23 instead.

Income may include:

- Wages, Salaries, Tips, or Other Cash Gratuities
- Pensions/Annuities, Settlements/Severance Payments, or any other Compensation Received Because of Prior Employment
- Interest Or Dividends Earned
- Interest Withdrawn From An Individual Retirement Account (IRA)
- GI Bill: If the person you supported is a veteran, and the person/veteran received amounts from the government under GI Bill that is used for the education are included in claimed person's support.
- Mandatory Distributions from IRAs, or Other Retirement Accounts, such as TSP or 401K
- Net Income From Rental Property, Business, And Farming
- Cash (or cash equivalent via bank transfers/Zelle or payment apps such as Venmo, Paypal, CashApp, etc.), Check, Or Money Order Contributions To Dependent From Persons Other Than The Sponsor
- Federal Tax Refund(s)
- Social Security Payments, Disability Or Regular
- Supplemental Security Income (SSI)
- Veterans Affairs (VA) Payment(s)/Benefits received by the person you supported
- Unemployment Compensation or Severance Pay
- Alimony Payments From A Separated Or Divorced Spouse

2. Enter the amount on line 1 that was used for the person's own support. The term "support" includes food, shelter, clothing, medical and dental care, education and other items that can reasonably be related to the individual's needs. A person's income is not support unless the income is actually spent for support.

3. Enter the amount on line 1 that was used for other purposes.

4. Enter the total amount in the person's savings and other accounts at the end of the year.

5. Add lines 2 through 4. (This amount should equal line 1.).

EXPENSES FOR ENTIRE HOUSEHOLD - Household expenses include expenses not directly related to any one member of a household. For example, the cost of food for the household, must be divided among the members of the household

6. Lodging: Complete 6a or 6b if you are providing lodging for the claimed individual.

6a. Enter the total rent/mortgage paid for the year in 6a. Include property/real estate taxes (if not included in mortgage) and home/renter's insurance (if not included in mortgage/rent payment) in this amount; or

6b. If the claimed individual resides in a dwelling owned outright enter the Fair Rental value (FRV) in 6b. Fair rental value is the amount you could reasonably expect to receive from a stranger for the same kind of lodging and includes a reasonable allowance for the use of furniture and appliances, and for heat and other utilities that are provided. If you provide a person with lodging, you are considered to provide support equal to the fair rental value of the room, apartment, house, or other shelter in which the person lives.

7. Enter the total food expenses paid for the year.

Food expenses may include:

- Food/Groceries (Exception: items purchased with food stamps)
- Grocery Delivery Services (Shipt, Instacart, etc.)
- Restaurant/Take-out Expenses
- Food Delivery Service Fees

8. Enter the total amount of utilities paid for the year that are not included in rent/mortgage not included in line 6a or 6b.

Utilities expenses may include:

- Gas (Heating)
- Electricity
- Telephones (land-lines and cell phones)
- Water/Sewage
- Trash/Recycling Service
- Internet Service/Cable/Streaming Services

9. Enter the total amount of home repairs paid for the year not included in line 6a or 6b (Do not include costs of maintaining the home, such as mortgage interest, real estate taxes, and insurance)

10. Enter the total of other expenses paid for the year.

Other expenses may include:

- HOA Fees
- Home Security System Fees
- Car Insurance Premiums
- Gas and Car Maintenance
- Travel/Vacation Costs within the Past Year
- Shopping Subscription Services (Amazon Prime, Walmart, Costco, Sam's Club, etc.)
- Furniture/Appliances Purchases within Past Year if used by whole household

11 Add lines 6 through 10.

12. Enter total number of persons (to include yourself and the individual you supported) who lived in the household full-time for the year.

EXPENSES FOR THE INDIVIDUAL YOU SUPPORTED - Personal expenses include those recurring expenses that are necessary to provide for the individual's health, welfare, and that can reasonably be related to the individual's daily needs.

13. Divide line 11 by line 12. This is the person's share of the household expenses.

14. Enter person's total clothing expenses to include laundry/dry cleaning (expense associated with keeping the individual's clothing clean) paid for the year.

15. Enter the person's total education expenses paid for the year. Do not enter any amount covered by scholarship or grants.

School expenses may include:

- Tuition
- Books
- Special Fees (lab fees, distance education fees, internship fees, parking, etc.)
- Room and Board for Off-Campus Lodging
- School Supplies
- Lessons Fees (sports, dance, music)
- Tutoring

16. Enter the medical, vision, and dental expenses not paid for or reimbursed by insurance paid for the year. Include personal/supplemental insurance premiums paid for the individual's support. This may include premiums paid for supplementary Medicare coverage or TRICARE premiums, if any. This amount does not include the value of medical insurance benefits and does not include the value USIP card.

17. Enter the person's total travel and recreation expenses paid for the year.

Travel and recreation expenses may include:

- Vehicle Payment (The dependent's total vehicle payments ONLY for vehicles registered in their name. Exception: purchase of a handicap accessible vehicle for the child) If vehicle was used by others in household, you can include your out-of-pocket expenses of operating the car for the person's benefit.)
- License Plate/Registration Fees
- Drivers License Fees
- Public Transportation/Taxi Fees (may also include ride share services)
- Tickets (Movies, Sporting Events, Concerts, Videos, Theater, etc.)
- Recreation/Amateur Sports/Special Olympics Enrollment Fees
- Fitness or Social Clubs Enrollment Fees

18. Enter the total of the person's other expenses paid for the year.

Other expenses may include: (Other Items Not Listed May be Considered as Support Depending on the Facts of Each Case)

- Checking, Savings Account or Money Order Fees, etc.
- Childcare Expenses, including expenses paid for care of disabled dependent.
- Postage
- Court Ordered Bankruptcy Payments
- Personal Hygiene Items

19. Add lines 13 through 18. This is the total cost of the individual's support for the year.

DID THE PERSON PROVIDE MORE THAN HALF OF THE PERSON'S OWN SUPPORT?

20. Multiply line 19 by 50% (0.50).

21. Enter the amount from line 2, plus the amount from line 6b, if the person you supported owned the home. This is the amount the person provided for his/her own support.

22. Is line 21 more than line 20? If yes, you do not meet the support test for this person to be your qualifying dependent. Stop Here. If no, continue to line 23 and fill out the rest of the worksheet.

DID YOU PROVIDE MORE THAN HALF?

23. Enter the amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies. Do not include social security income or any other amounts included on line 1.

24. Add lines 21 and 23.

25. Subtract line 24 from line 19. This is the amount you provided for the person's support.

26. Is line 25 more than line 20? If yes, you meet the support test for this individual to be your qualifying dependent. Stop Here. If no, you do not meet the support test for this individual to be your qualifying dependent.

*The authorizing agency reserves the right to request supporting documentation of claimed amounts.