

# SUPPORT STATEMENT

## PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

**Authority** - 37 USC Section 403 and 14 USC Section 461.

**Principal Purpose(s)** - Used when considering application for BAH and/or ID cards.

**Routine uses** - Information will be used by USCG payment approving officials to add or extend the eligibility of BAH eligible dependent(s). In addition, this information may be shared with the Defense Manpower Data Center (DMDC) to facilitate enrollment in dependent benefit programs.

**Disclosure** - Furnishing this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay and delay delivery of benefits to dependents, failure to provide accurate personal financial information may prevent favorable consideration of your application.

### Part I: INFORMATION COMPLETED BY SPONSOR

Name (Last, First, MI)	RANK/RATE	EMPLID
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**Number of people in sponsor's household**

(excluding the claimed dependent for whom this statement is being submitted.) \_\_\_\_\_

Part II: <b>Sponsor's</b> Monthly Expenses And Income		Part III: <b>Claimed Dependent's</b> Monthly Expenses And Income	
<b>MONTHLY EXPENSES</b>		<b>MONTHLY EXPENSES</b>	
1. Medical/Dental	\$	17. Medical/Dental	\$
2. Transportation		18. Transportation	
3. Taxes		19. Taxes	
4. Rent/House Payment		20. Rent/House Payment	
5. Utilities/Telephone		21. Utilities/Telephone	
6. Food		22. Food	
7. Clothing		23. Clothing	
8. Insurance		24. Insurance	
9. Thrift Savings Plan		25. Other (Specify)	
10. Other (Specify)		26. Other (Specify) Do not list loans, credit cards or other personal debts	
<b>11. Total Monthly Expenses</b>		<b>27. Total Monthly Expenses</b>	
12. Total monthly Pay & Allowances		28. Social security income	
13. Spouse's monthly income		29. Interest on savings	
14. Other income		30. Other income	
<b>15. Total family monthly income</b>		<b>31. Total monthly income</b>	
16. Amount of monthly contribution to support claimed dependent for whom this statement is being submitted.		<b>Enter the date that the sponsor began making contributions to support the claimed dependent:</b>	

<b>Part IV: SUPPORT TEST</b>			
32. Divide the amount in item 27 by 2, enter result (½ of expenses)	\$		
33. Enter the claimed dependent's income from item 31	\$		
34. Enter sponsor's monthly contribution to support from item 16	\$		
<b>Use the amounts in items 32-34 to answer these questions</b>	<b>YES</b>	<b>NO</b>	
35. Is the amount in item 32 greater than the amount in item 33?	<input type="checkbox"/>	<input type="checkbox"/>	
36. Is the amount in item 34 greater than the amount in item 33?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If answers to -</b>	<b>are</b>	<b>then</b>	
both 35 & 36	yes	complete part V and forward application to SPO for consideration	
either or both 35 & 36	no	claimed dependent does not receive over ½ of support from sponsor	
<b>Part V: CERTIFICATION SECTION</b> Note: Have all signatures notarized if this statement is for a dependent ID card.			
I (we) certify that this support statement is true and accurate. I (we) make the foregoing statements as a part of my (our) application with full knowledge of the penalties for willfully making a false statement. 18 USC Section 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.			
SIGNATURE OF PARENT(S) OR PARENT(S)-IN-LAW (leave blank if this statement is for a child)			
_____ Date		_____ Date	
SIGNATURE OF SPONSOR			
_____		Date	
<b>Part VI: WHAT TO ATTACH AND WHERE TO SEND</b>			
<b>If this statement is being used to support a claim for a dependent</b>	<b>and is for a</b>	<b>attach</b> Note: documentation requirements for adopted, illegitimate, or stepchildren are listed on CG-2020	<b>then send to</b>
Child age 21-23 full-time student	ID Card	DD form-1172, Birth certificate, CG-2020B, and proof of full-time student status.	Local ID issuing auth.
Incapacitated Child over 21	ID Card	DD form-1172 Birth certificate, doctor's statement, certified copy of sponsor's latest federal income tax return, claiming child as dependent, and statement from SSA denying Medicare Part "A".	PPC (RAS)
Parent, Parent-in-law	ID Card	DD form-1172 & certified copy of sponsor's latest federal income tax return showing parent claimed s a dependent.	PPC (RAS)
Child age 21-23 full-time student	BAH claim	Birth certificate, CG-2020B, and proof of full time student status.	SPO
*Incapacitated Child over 21	BAH claim	Birth certificate and doctor's statement.	SPO
*Ward	BAH claim	Birth certificate and a notarized affidavit by member that ward resides with member or does not reside with member because of institutionalized care for a disability/incapacity or does not reside with member because a separation necessitated by the member military orders.	SPO
*Parent, Parent-in-law	BAH claim	A statement of parent(s) or parent(s)-in-law postal address.	SPO

(\*): These claims must be reviewed and approved by CO, PPC (LGL). Send this form along with other supporting documentation to your SPO first. They will update your CG-4170A form and forward it to PPC for approval. Do not send this form directly to PPC (LGL)