

## **DECLARATION OF PARENT DEPENDENCY**

Note: Dependent parent includes the parent(s) of the employee or employee's dependent spouse.

We the undersigned do declare that we meet the requirements listed below (the employee and parent must initial each) and have provided the supporting documents requested:

1. Maintain a common residence or the employee rents/leases a separate residence for the parent, and intends to move the dependent parent into a common residence at the new Permanent Duty Station (PDS) (Supporting documentation – mortgage/lease signed by both the employee and the parent if applicable and most recent completed federal income tax forms for both if filed separately). \_\_\_\_ \_\_\_\_
2. Parent is financially dependent and without such financial support, the dependent parent would be unable to maintain a reasonable standard of living. (Employee and parent most recent completed federal income tax forms). \_\_\_\_ \_\_\_\_
3. Are willing to certify, that they understand that willful falsification of any documentation required to establish that an individual is an adult dependent may lead to disciplinary action and the recovery of the cost of benefits received related to such falsification, as well as constitute a criminal violation under 18 USC §1001, and that the method for securing such certification, if required, must be determined by the agency. \_\_\_\_ \_\_\_\_
4. Must be willing to promptly disclose any change of situation that would terminate the Parent dependency relationship. \_\_\_\_ \_\_\_\_
5. Employee provides a significant measure of the adult dependents financial obligations (Supporting documentation – individual itemized list of financial support (i.e. rent, utilities, food, medical care, medical insurance, etc). \_\_\_\_ \_\_\_\_

### **EMPLOYEE**

\_\_\_\_\_  
Printed Name (Last) (First) (Middle)  
Date of Birth \_\_\_\_\_  
Current mailing address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee as Stated Above

### **DEPENDENT PARENT**

\_\_\_\_\_  
Printed Name (Last) (First) (Middle)  
Date of Birth \_\_\_\_\_  
Current mailing address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent as Stated Above

### **CERTIFICATION IS REQUIRED**

We each certify we understand that willful falsification of any documentation required to establish that we are in a parental dependency relationship, as set forth above, may lead to disciplinary action and the recovery of the cost of benefits received related to such falsification, as well as constitute a criminal violation under 18 USC §1001.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Dependent Parent (Non-Employee)