

<b>Department of Homeland Security</b> U. S. Coast Guard CG PSC-2020A (Rev.11/05)		<h1>SUPPORT STATEMENT</h1>	
<p><b>PRIVACY ACT STATEMENT:</b> This information is collected under 37 USC Section 403, 14 USC Section 461, and EO 9397 and is used when considering application for BAH and/or ID cards. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.</p>			
<p><b>PURPOSE:</b> Use this form to provide proof that a claimed dependent is in fact dependent on the sponsor for more than one-half of their support.</p>			
<b>Part I: INFORMATION COMPLETED BY SPONSOR</b>			
Name (Last, First, MI)		RANK/RATE	EMPLID
<b>Number of people in sponsor's household</b> (excluding the claimed dependent for whom this statement is being submitted.) _____			
<b>Part II: SPONSOR'S MONTHLY EXPENSES AND INCOME</b>		<b>Part III: CLAIMED DEPENDENT'S MONTHLY EXPENSES AND INCOME</b>	
<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) <small>Do not list loans, credit cards or other personal debts</small>	
11. <b>Total Monthly Expenses</b>		27. <b>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	
15. <b>Total family monthly income</b>		31. <b>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>	

Go to the reverse side of this form to complete support test. →

<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 PSC 2020	<b>then send to</b>
Child age 21-23 full-time student	ID Card	DD form-1172, Birth certificate, CG PSC-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".	PSC (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.	PSC (RAS)
Child age 21-23 full-time student	BAH claim	Birth certificate, CG PSC-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, PSC (LGL). Send this form along with other supporting documentation to your SPO first. They will update your CG-4170A form and forward it to PSC for approval. Do not send this form directly to PSC (LGL)