



**DEPENDENCY ALLOWANCE  
QUESTIONNAIRE**

**IMPORTANTE  
TENGA ESTO TRADUCIDO INMEDIATAMENTE**

Case No: \_\_\_\_\_

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

SS #: \_\_\_\_\_

*You may claim a child dependency allowance if you are the whole or main support at the beginning of the current benefit year of your child or step-child under 18 years of age, or under 21 years of age and in full time attendance in a secondary school, a technical school, a college or state accredited job-training program, or of any age, who, because of a mental or physical handicap is wholly or mainly supported by you. You may also claim a non-working spouse (as defined by regulations) living with you in the same household.*

The following information is needed to determine your eligibility for benefits.

- Please complete this form and return it by mail or fax to the office indicated on the cover sheet. Your form must be received within (10) days or a decision will be made based on available information.

1. When did you last work? \_\_\_\_\_ What is your gross weekly pay when employed? \$ \_\_\_\_\_

2. If you are currently married, is your spouse employed?  Yes  No

If yes, what is your spouse's weekly pay? \$ \_\_\_\_\_

If no, when did your spouse last work? \_\_\_\_\_ What is his/her gross weekly pay? \$ \_\_\_\_\_

3. If the children you are claiming as dependents do not live with you, how much support do you contribute weekly per child? \$ \_\_\_\_\_

What is the combined gross income of the household in which the child (children) live(s)? \_\_\_\_\_

How many children are in that household? \_\_\_\_\_

If possible, give the name, address and phone number of the person with whom the child (children) live(s). \_\_\_\_\_

4. Is anyone else contributing to the support of these children?  Yes  No

If yes, provide the name, address and phone number of this person, if possible \_\_\_\_\_

How much is this person contributing weekly per child? \$ \_\_\_\_\_

**NOTE: IF THE CHILDREN YOU ARE CLAIMING DO NOT LIVE WITH YOU, YOU MUST PROVIDE PROOF OF SUPPORT FOR THE THREE MONTHS PRIOR TO THE EFFECTIVE DATE OF THE CLAIM. (i.e., canceled checks). If no proof is provided, a decision will be made based on available information. In addition, a claim is subject to investigation. You may be required to furnish written proof of marriage, birth certificate, adoption, etc.**

**CERTIFICATION**

Print your name: \_\_\_\_\_ SS #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that this information is true and correct, knowing the law provides penalties for false statements or the withholding of facts. I understand that a copy of the decision may be given to any interested party upon request. If my claim for unemployment benefits is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts to which it is determined I am not eligible.

**FOR LOCAL OFFICE USE ONLY**

DETERMINATION	TOTAL NUMBER OF DEPENDENTS	INTERVIEWER'S SIGNATURE	DATE PROCESSED	REDET
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	(Spouse: Y / N)			

**FOR CENTRAL OFFICE USE ONLY**

Data Release Control Signature \_\_\_\_\_ Date Computed \_\_\_\_\_