

## **CERTIFICATION FORM FOR STATUS UNDER THE MILITARY LENDING ACT**

Federal law provides important protections to active duty members of the Armed Forces and their dependents.

In order for us to ensure that these protections are provided to eligible applicants, we request that you complete and sign this certification form by marking the statement that accurately applies to you:

- ☐ I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.
- ☐ I AM a dependent of a member of the Armed Forces on active duty as described above, because I am—
- (i) the member's spouse;
  - (ii) the member's child under the age of 21;
  - (iii) the member's child under the age of 23 enrolled full-time at an approved institution of higher learning and currently am (or was at the time of the member's death) dependent on the member (or former member) for over one-half of my financial support;
  - (iv) the member's child incapable of self-support due to mental or physical incapacity that occurred while a dependent of the covered member under either (ii) or (iii) and currently am (or was the time of the former member's death) dependent on the member (or former member) for over one-half of my financial support;
  - (v) a parent or parent-in-law who is (or was at the time of the member's or former member's death) dependent on the member for over one-half of my support and residing in the member's household; or
  - (vi) unmarried and in the legal custody of the covered member for at least 12 consecutive months, dependent on the member for over one-half of my support, reside with the member (subject to certain exceptions), and I meet all of the other conditions to qualify as a dependent under applicable law (10 U.S.C. § 1172(2)(I)).

**—OR—**

- ☐ I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or a dependent of such a member.

You must select the box that correctly applies to you and provide the following identifying information.

In addition, you must sign this form when submitting it to us.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN or ITIN: \_\_\_\_\_

If you do not have an SSN or ITIN, please mark this box: ☐

SIGNATURE

DATE