

Declaration of Dependency Form

For Government Benefits Application

A **declaration of dependency form** sample is essential for verifying an individual's eligibility for government benefits by confirming their financial or caregiving dependence. This form helps streamline the application process and ensures accurate assessment of benefit entitlements. Properly completed declarations support transparent and efficient benefit distribution.

Applicant's Full Name:

Applicant Identification Number:

Dependent's Full Name:

Relationship to Applicant:

Dependent's Date of Birth:

Type of Dependency:

-- Select --

Explanation of Dependency (describe reasons and circumstances):

Declaration:

I, the undersigned, declare that the information provided above is true and complete to the best of my knowledge. I understand that any false statement may disqualify me from receiving government benefits and may subject me to legal penalties.

Applicant's Signature:

Date:

Submit Form