

# FINANCIAL DISCLOSURE STATEMENT

## GENERAL INSTRUCTIONS

**Note:** Before completing this form, you are advised to read the PAPERWORK REDUCTION/PRIVACY ACT NOTICE on page 7 of this form.

Print all answers in ink or use a typewriter. If you need more space than is provided to answer the question, use Section 9 for this purpose. If you do not know the answer to a question, print "unknown" in the space provided for the answer.

Some items in the statement will not apply to you so you will not need to answer them. Based on your answer to a question, you may be told to skip to another item number or even another section. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the statement quickly, filling in only necessary information. If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.


If you are completing this form on behalf of an overpaid annuitant or claimant, you must answer each question as it applies to such annuitant or claimant.

We estimate that this form takes an average of 85 minutes (1 hour and 25 minutes) per response to complete; including the time for reviewing the instructions, getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing the completion time to: Chief of Information Resources Management Center, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

**Please, do not return the form to the Chief of Information Resources Management Center.** Return the completed form in the envelope provided to you by the Railroad Retirement Board office handling your case.

## SECTION 1 - PERSONAL DATA

Look over any information entered by the RRB for items 1 through 7 to be sure it is correct. If the information has **not** been entered for these items, please enter the information. If the information entered by the RRB is **not** correct, enter the correct information in **Section 9** and then go to item 8.

1 RAILROAD EMPLOYEE'S NAME	→	
2 RAILROAD EMPLOYEE'S RETIREMENT CLAIM NUMBER	→	XXX-XX-
3 YOUR SOCIAL SECURITY NUMBER	→	XXX-XX-
4 YOUR NAME	→	
5 YOUR STREET ADDRESS	→	
6 YOUR CITY, STATE AND ZIP CODE	→	
7 YOUR DAYTIME TELEPHONE NUMBER (include area code)	→	

Complete items 8 and 9 only if you are currently married, or were previously married and your former spouse receives benefits from the Railroad Retirement Board. Otherwise, go to item 10.

8 YOUR SPOUSE'S NAME	→	
9 YOUR SPOUSE'S AGE →		9a YOUR SPOUSE'S SOCIAL SECURITY NUMBER →

Complete item 10 **only** if you claim to support dependents. This includes relatives living in the same household or any individuals whom you have legal obligation to support that are living in the same household. Otherwise, go to item 11.

**10** NAME(S) AND AGE(S) OF YOUR DEPENDENT(S)

NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU
<b>a</b>		
<b>b</b>		
<b>c</b>		
<b>d</b>		
<b>e</b>		

**SECTION 2 - EMPLOYMENT INFORMATION**

Complete item 11 **only** if you, your spouse or dependents are currently employed. Otherwise, go to Section 3.

<b>11</b>	NAME OF EMPLOYED INDIVIDUAL	EMPLOYER'S NAME AND ADDRESS
<b>a</b>		
<b>b</b>		
<b>c</b>		
<b>d</b>		

**SECTION 3 - MONTHLY INCOME**

Complete this section entering the amount of all monthly income you receive. Include the income of your spouse and the income of **all** dependents you are supporting. Your spouse's income should be entered without regard to dependency.

If you cannot allocate certain income on a month by month basis and a yearly amount is available, please divide the yearly amount by twelve and enter the result as the monthly amount.

If you need additional space for entries or explanations, use the remarks area in Section 9. If an answer is zero, enter "0."

**SECTION 4 - MONTHLY HOUSEHOLD EXPENSES**

Complete this section entering the amount of all monthly expenses. Include the expenses of your spouse and the expenses of **all** dependents you are supporting.

If you cannot allocate certain expenses on a month by month basis and a yearly amount is available, please divide the yearly amount by twelve and enter the result as the monthly amount. Avoid duplication of entries. Electricity and heat should be the monthly average based on the past twelve months.

If you need additional space for entries or explanations, use the remarks area in Section 9. If an answer is zero, enter "0."

12 MONTHLY INCOME		YOU	YOUR SPOUSE	13 MONTHLY HOUSEHOLD EXPENSES		SELF AND ALL DEPENDENTS
<b>a</b>	AVERAGE EARNINGS FROM EMPLOYMENT OR SELF-EMPLOYMENT			<b>a</b>	RENT OR MORTGAGE (include any property taxes in this amount)	
<b>b</b>	RAILROAD RETIREMENT			<b>b</b>	FOOD	
<b>c</b>	SOCIAL SECURITY			<b>c</b>	ELECTRICITY (average for the past 12 months)	
<b>d</b>	OTHER BENEFITS (civil service, VA, private pension, insurance, blacklung, unemployment, SSI)			<b>d</b>	HEAT (average for the past 12 months)	
<b>e</b>	WELFARE (local welfare or public assistance)			<b>e</b>	TELEPHONE	
<b>f</b>	OTHER INCOME (rentals, dividends, interest, IRA distributions)			<b>f</b>	TRANSPORTATION (gasoline, oil, carfare, taxi, etc.)	
<b>g</b>	CONTRIBUTIONS FROM RELATIVES			<b>g</b>	INSURANCE (include health, life, auto, home, renter's)	
<b>h</b>	TOTAL MONTHLY INCOME (add lines 12a - 12g)			<b>h</b>	CLOTHING	
<b>i</b>	COMBINED MONTHLY INCOME OF YOU AND YOUR SPOUSE (add both amounts on line 12h)			<b>i</b>	MEDICAL AND DENTAL (prescriptions and other medicines not paid for by your health insurance)	
<b>j</b>	INCOME OF DEPENDENTS OTHER THAN YOUR SPOUSE (income for those listed in item 10)			<b>j</b>	OTHER LIVING EXPENSES (specify in remarks)	
<b>k</b>	TOTAL MONTHLY FAMILY INCOME (total of lines 12i and 12j)			<b>k</b>	TOTAL MONTHLY HOUSEHOLD EXPENSES (total of lines 13a - 13j)	

## SECTION 5 - SUMMARY OF DEBTS

List the details of all outstanding balances for which you presently make monthly payments. Items 16a, b and c are all debts other than those which have been entered elsewhere on this financial statement (such as medical bills, construction bills, car payments, etc.). If you do not know the exact balance, estimate the balance. If an answer is zero, enter "0."

<b>14</b> OUTSTANDING MORTGAGE BALANCE	→	
<b>15</b> DELINQUENT TAXES	→	

**DETAILS OF OTHER DEBTS**

<b>16</b> NAME OF CREDITOR	DATE DEBT INCURRED	PURPOSE OF DEBT	ORIGINAL AMOUNT	UNPAID BALANCE	MONTHLY PAYMENT
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> TOTAL UNPAID BALANCE (add lines 16a - 16c)					
<b>e</b> TOTAL MONTHLY PAYMENTS (add lines 16a - 16c)					
<b>f</b> TOTAL MONTHLY HOUSEHOLD EXPENSES (from item 13k, Section 4)					
<b>g</b> TOTAL MONTHLY EXPENSES (add lines 16e and 16f)					

**SECTION 6 - BALANCE SUMMARY**

Enter the amount as shown in the items previously completed. If an answer is zero, enter "0."

<b>17</b> TOTAL MONTHLY FAMILY INCOME (from item 12k, Section 3)	
<b>18</b> TOTAL MONTHLY EXPENSES (from item 16g, Section 5)	
<b>19</b> BALANCE (subtract line 18 from line 17)	
<b>20</b> HOW MUCH OF THE BALANCE ON LINE 19 CAN YOU APPLY MONTHLY TO YOUR DEBT TO THE RAILROAD RETIREMENT BOARD?	
<b>21</b> IF YOUR TOTAL MONTHLY EXPENSES EXCEED INCOME, HOW DO YOU PAY THE DIFFERENCE? USE SECTION 9 TO CONTINUE YOUR EXPLANATION IF NECESSARY.	

## SECTION 7 - SUMMARY OF ASSETS

List the current value of all assets presently owned individually or in joint tenancy. Give resale value of automobiles, etc. If you do not know the exact value, estimate the value. If an answer is zero, enter "0."

<b>22a</b> CASH IN BANK OR OTHER FINANCIAL INSTITUTIONS (checking and savings)		<b>g</b> CASH VALUE OF LIFE INSURANCE	
		<b>h</b> STOCKS AND OTHER BONDS	
<b>b</b> CASH ON HAND		<b>i</b> VALUE OF HOME	
<b>c</b> AUTOMOBILES (resale value)		<b>j</b> VALUE OF OTHER REAL ESTATE	
<b>d</b> RECREATIONAL VEHICLES (resale value)		<b>k</b> OTHER ASSETS (attach list or explain in Section 9)	
<b>e</b> CERTIFICATES OF DEPOSIT		<b>l</b> TOTAL ASSETS (add lines 22a — 22k)	
<b>f</b> U.S. SAVINGS BONDS			

## SECTION 8 - ADDITIONAL FINANCIAL INFORMATION

<b>23</b> HAVE YOU BEEN DECLARED BANKRUPT DURING THE PAST SEVEN YEARS?  <input type="checkbox"/> YES (if yes, complete date discharged and court location)  <input type="checkbox"/> NO	<b>DATE DISCHARGED</b>	<b>COURT LOCATION</b>

**24** HAVE YOU FILED A FEDERAL INCOME TAX RETURN WITHIN THE LAST TWO YEARS?

YES (if yes, you must furnish a copy of your latest return)

NO (if no, state the year in which you last filed a return) \_\_\_\_\_

**25** HAVE YOU TRANSFERRED OWNERSHIP OF ANY PROPERTY (TANGIBLE OR INTANGIBLE) WITHIN THE LAST TWO YEARS? EXAMPLES OF SUCH PROPERTY WOULD INCLUDE CASH, SAVINGS, JEWELRY, BONDS, STOCKS, REAL ESTATE, ETC.

YES (if yes, you must list all transferred property and its approximate value in Section 9)

NO

## SECTION 9 - REMARKS

Item No. 26

*IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS*

### CERTIFICATION

I (we) affirm that the information contained herein is correct and complete to the best of my (our) knowledge. I (we) know that if I (we) make a false or fraudulent statement in order to receive benefits from the Railroad Retirement Board or that if I (we), through my (our)

action or non-action, induce the Railroad Retirement Board to pay me (us) benefits to which I am (we are) not otherwise entitled, I am (we are) committing a crime which is punishable under Federal law by fine or by imprisonment or both.

YOUR SIGNATURE	DATE
YOUR SPOUSE'S SIGNATURE	DATE

If you and/or your spouse signed this statement by mark ("X"), two witnesses who know you must sign below giving their full address.

SIGNATURE OF WITNESS	Address (number and street)
	City, state and ZIP code
	Telephone number (include area code) <div style="text-align: right;">☎ (       )</div>
SIGNATURE OF WITNESS	Address (number and street)
	City, state and ZIP code
	Telephone number (include area code) <div style="text-align: right;">☎ (       )</div>

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## PAPERWORK REDUCTION/PRIVACY ACT NOTICE

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The Railroad Retirement Board (RRB) is authorized to collect the above information under section 7b(6) of the Railroad Retirement Act and under section 12(1) of the Railroad Unemployment Insurance Act.

If an overpayment of benefits has been made to you, this information will enable the RRB to determine whether it can waive its right to recover such overpayment. The RRB can waive its right to recovery only when you are not at fault in connection with the overpayment and recovery would deprive you of income needed to meet ordinary living expenses or would otherwise be unfair. Otherwise, the RRB is required by law to recover any overpayment. Moreover, if the RRB determines that recovery may not be waived, the financial information obtained on this form may then be important in establishing the rate of recovery or the extent of the recovery efforts.

You are not required to provide the information on this form; however, your failure to provide the requested information may result in a denial of your waiver request and, if the RRB is unable to recover the overpayment, it may be necessary to report the overpayment to another Federal agency or to a private collection agency for further collection effort.

The RRB may disclose specific information or records relating to your waiver request to certain third parties without your prior written consent or the prior written consent of the person to whom the information or record applies. The routine uses or disclosures which may be made of information from this form include the following:

- Information or records may be disclosed to any last employer to verify statement(s) of earnings.
- Information or records may be disclosed to the General Accounting Office for auditing of debts arising from overpayments under either the Railroad Retirement or Social Security Acts.
- Information or records may be disclosed in a court proceeding relating to a decision with respect to your request for a waiver.
- Information or records may be disclosed in certain instances for law enforcement purposes to the appropriate Federal, state or local enforcement agency.

*The RRB's current list of routine uses may be inspected at any office of the RRB.*