

CURRENT

**STATEMENT REGARDING
CONTRIBUTIONS AND SUPPORT**

DO NOT WRITE IN THIS SPACE

OFFICIALLY FILED

MONTH	DAY	YEAR

OFFICE NUMBER

--	--	--

APPROVED

SECTION 1 - GENERAL INSTRUCTIONS

The information requested on this form is authorized by Section 7(b)6 of the Railroad Retirement Act. The information asked for in this form is necessary to determine your entitlement to benefits under the Railroad Retirement Act. You do not have to provide the information requested. However, if you fail to do so, we may not be able to pay you benefits. We estimate this form takes an average of 147-180 minutes per response, 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, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

INFORMATION REQUESTED ON THIS FORM IS FOR THE 12-MONTH PERIOD:

WHICH BEGAN

MONTH	DAY	YEAR

AND ENDED

MONTH	DAY	YEAR

Type or print all answers legible in ink. If you need more space than is provided to answer a question, use Section 6 for this purpose. If you do not know the answer to a question, print "Unknown" in the space provided for the answer.

When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter January 1, 2005, as:

MONTH	DAY	YEAR
0 1	0 1	2 0 0 5

Some items in this application will not apply to you so you will not need to answer them. Based on your answers to a question, you may be told to skip to another item number or section. Follow the instructions that tell you to "Go to" another item. They are designed to help you move through the application form quickly and provide 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 someone else, you must answer each question as it applies to **the applicant**.

SECTION 2 - IDENTIFYING INFORMATION

Check the information provided for Items 1 through 6 for accuracy.

- ▶ If the information is correct, **go to Section 3**.
- ▶ If the information is not correct, cross out the incorrect information and enter the correct information above it.
- ▶ If the information is missing, fill it in.

EMPLOYEE IDENTIFICATION	1	EMPLOYEE'S NAME	→
	2	EMPLOYEE'S SOCIAL SECURITY NUMBER	→
	3	EMPLOYEE'S RAILROAD RETIREMENT CLAIM NUMBER	→
APPLICANT IDENTIFICATION	4	APPLICANT'S NAME	→
	5 a	APPLICANT'S STREET ADDRESS	→
	b	CITY AND STATE	→
	c	ZIP CODE	→
	d	COUNTY	→
	6	DAYTIME TELEPHONE NUMBER	→

SECTION 3 - INFORMATION ABOUT APPLICANT

BIRTHDATE ▲	7 Enter your Date of Birth. →	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	MONTH	DAY	YEAR			
MONTH	DAY	YEAR						
RELATIONSHIP ▲	8 Enter an "X" in only one box to show your relationship to the employee. →	<input type="checkbox"/> Widower <input type="checkbox"/> Parent <input type="checkbox"/> Other _____						
ONE-HALF SUPPORT ▲	9 Enter an "X" in the appropriate box: Did you receive one-half of your support from the employee during the 12-month period? →	<input type="checkbox"/> Yes → Go to Item 10 <input type="checkbox"/> No → Go to Section 7						

SECTION 4 - SUPPORT AND LIVING COSTS

SUPPORT FROM EMPLOYEE ▲	10 Enter the total amount of the employee's income during the 12-month period. If you do not know, enter "Unknown." →	\$																																				
11 Enter the amount the employee contributed to your support during the 12-month period. Include money and the value of goods and services such as food, clothing, rent-free living or transportation that the employee provided for you. →	\$																																					
12 Enter the frequency of contributions (weekly, monthly, irregularly, etc.) →	_____																																					
SUPPORT FROM EMPLOYEE ▲	13 Enter the date the employee last contributed. →	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	MONTH	DAY	YEAR																																	
MONTH	DAY	YEAR																																				
14 If the employee's contributions were irregular, varied in amounts, or stopped before the end of the 12-month period, explain here. If you need more space, continue in Section 6.	_____ _____																																					
LIVING ARRANGEMENTS AND COSTS ▲	15 Enter an "X" in the appropriate box: Did you and the employee live together in the same household during the 12-month period? →	<input type="checkbox"/> Yes → Go to Item 18 <input type="checkbox"/> No → Go to Item 16																																				
16 Enter an "X" in the box next to each month in which you lived with the employee during the 12-month period shown on the first page. If you did not live with the employee in any of the 12 months, enter an "X" in "None." →	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;"> </td><td style="width: 12.5%;">JAN</td><td style="width: 12.5%;"> </td><td style="width: 12.5%;">FEB</td><td style="width: 12.5%;"> </td><td style="width: 12.5%;">MAR</td><td style="width: 12.5%;"> </td><td style="width: 12.5%;">APR</td><td style="width: 12.5%;"> </td><td style="width: 12.5%;">MAY</td><td style="width: 12.5%;"> </td><td style="width: 12.5%;">JUN</td> </tr> <tr> <td style="width: 12.5%;"> </td><td>JUL</td><td style="width: 12.5%;"> </td><td>AUG</td><td style="width: 12.5%;"> </td><td>SEP</td><td style="width: 12.5%;"> </td><td>OCT</td><td style="width: 12.5%;"> </td><td>NOV</td><td style="width: 12.5%;"> </td><td>DEC</td> </tr> <tr> <td style="width: 12.5%;"> </td><td colspan="11">NONE</td> </tr> </table>			JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC		NONE										
	JAN		FEB		MAR		APR		MAY		JUN																											
	JUL		AUG		SEP		OCT		NOV		DEC																											
	NONE																																					
Only complete Item 17 if you are the employee's husband or widower. Otherwise go to Item 18.																																						
17 If you separated and resumed living together during the 12-month period, state the facts and circumstances surrounding the separation. If you need more space, continue in Section 6.	_____ _____ _____ _____																																					

SECTION 5 - OTHER INCOME AND FINANCIAL ACTIVITIES

- ▼ **24** Enter the monthly cost, per person, of room and board you provided to anyone who lived with you. → \$
-
- 25** Enter an "X" in the appropriate box:
Do you have records of the cost shown in Item 24? → Yes No
-
- 26** Enter an "X" in the appropriate box:
Did you, or a member of the household, receive some kind of public or private aid during the 12-month period? → Yes → **Go to Item 27**
→ No → **Go to Item 28**

27 Enter the following information. Include payments for room and board, clothing, medical, household and other expenses.

NAME OF PERSON FOR WHOM AID WAS GIVEN	NAME AND ADDRESS OF AGENCY	TOTAL AMOUNT OF CONTRIBUTIONS DURING THIS PERIOD	DATE AND AMOUNT OF LAST CONTRIBUTION			
			MONTH	DAY	YEAR	AMOUNT
		\$				\$
		\$				\$
		\$				\$
		\$				\$

28 Enter the following information about the income you received during the 12-month period.

INCOME AND OTHER BENEFITS RECEIVED

SOURCE OF INCOME	NET INCOME	DATE YOU LAST RECEIVED INCOME AND AMOUNT			
		MONTH	DAY	YEAR	AMOUNT
Wages, salary, commissions, etc.	\$				\$
Pensions, annuities, insurance <i>(include benefits under the Social Security and Railroad Retirement Acts)</i>	\$				\$
Stocks, bonds, securities, etc.	\$				\$
Trade, business, or self-employment	\$				\$
Real property	\$				\$
Farming or gardening <i>(include value of products raised and used in home)</i>	\$				\$
Other sources of income <i>(do not include amounts shown in answers to previous questions on this form)</i>	\$				\$

SECTION 7 - CERTIFICATION

- ▼ **33** I understand that civil and criminal penalties may be imposed against me for false or fraudulent statements, or for withholding or misrepresenting information in order to receive benefits from the Railroad Retirement Board. I certify that the information provided to the Railroad Retirement Board on this application is true, complete, and correct to the best of my knowledge.

SIGNATURE
(First Name, Middle Initial,
Last Name)



--

DATE



MONTH	DAY	YEAR

CERTIFICATION

- 34** If this certification is signed by mark ("X") in Item 33, two witnesses who know the person signing must sign below giving their full addresses and daytime telephone numbers.

a. SIGNATURE OF WITNESS

b. SIGNATURE OF WITNESS

ADDRESS (Number and Street, City, State, and ZIP Code)

ADDRESS (Number and Street, City, State, and ZIP Code)

DAYTIME TELEPHONE NUMBER
()

DAYTIME TELEPHONE NUMBER
()

