CURRENT

# STATEMENT REGARDING CONTRIBUTIONS AND SUPPORT

	D	O NOT WRITE IN THI	S SPACE
OFFICIALL	Y FILED		
MONTH	Day	YEAR	OFFICE NUMBER
APPROVE	D		

# 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:

	MONTH	DAY	YEAR		MONTH	DAY	YEAR
WHICH BEGAN				AND ENDED			

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.

▼ NOI	1	E	IMPLOYEE'S NAME	
► EMPLOYEE ►	2	E	EMPLOYEE'S SOCIAL SECURITY NUMBER	
	3	E	EMPLOYEE' S RAILROAD RETIREMENT CLAIM NUMBER	
▼	4	A	PPLICANT'S NAME	->
z	5	a	APPLICANT'S STREET ADDRESS	<b>&gt;</b>
CANT		b	CITY AND STATE	→
APPLICANT IDENTIFICATION		с	ZIP CODE	
9		d	COUNTY	
•	6	D	AYTIME TELEPHONE NUMBER	

		SECTION 3 - INFORMATION ABOUT APPLICANT
■BRTHDATE	7	Enter your Date of Birth.
ONE-HALF SUPPORT SUPPORT SUPPORT	8	Enter an "X" in only one box to show your relationship to the employee Widower
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? Go to Item 10 So to Section 7
		SECTION 4 - SUPPORT AND LIVING COSTS
▼	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.
IPLOYEE	12	Enter the frequency of contributions (weekly, monthly, irregularly, etc.)
SUPPORT FROM EMPLOYEE	13	Enter the date the employee last contributed.
► Su		explain here. If you need more space, continue in Section 6.
- •	15	Enter an "X" in the appropriate box: Did you and the employee live together in the same household during the 12-month period?
ND COSTS	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."
LIVING ARRANGEMENTS AND COSTS	Only 17	y complete Item 17 if you are the employee's husband or widower. Otherwise go to Item 18. 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.

18 Enter an "X" in the appropriate box: Did you own the dwelling in which you lived during the 12-month period?
19 Enter the name and relationship of the person who owned the dwelling in which you lived.

		ELATIONSHIP TO YOU (IF NONE, ENTER NONE)	
20	Enter an "X" in the appropriate box: Did you pay either the rent or the costs of maintaining the property such as repairs, association fees, mortgages, and taxes?	☐ Yes —— Go to Item 23 → ☐ No —— Complete Items 21	

and 22

#### 21 Enter the name of each person who paid the rent or costs of maintaining the property; what each paid for; and how much.

	NAME OF PERSON WHO PAID	ITEM PAID FOR	AMOUNT PAID
			\$
			\$
			\$
22	Enter the monthly rental value of the dwelling in w If unknown, estimate to the best of your ability.	hich you lived.	\$

23 Enter below information about anybody (other than the employee) who, during the 12-month period, either:

lived with you; or

LIVING ARRANGEMENTS AND COSTS

• contributed to your support or to the support of your household. Include as contributions:

· Payments for room and board, rent, or maintenance fees

• Cash given for support

• Payments for household expenses (insurance premiums, medical expenses, gifts, etc.)

• Food or clothing cost

If any of the contributions were for the support of other members of the household, use Section 6 or a separate sheet to provide details.

Where applicable, enter "None."

NAME	RELATION- SHIP TO	DATES THE PERSON	TOTAL AMOUNT OF CONTRIBU-	DATE AND AMOUNT OF LAST CONTRIBUTION							
	YOU	LIVED WITH YOU	TIONS DURING THE PERIOD	MONTH	DAY	YEAR	AMOUNT				
			\$				\$				
			\$				\$				
			\$				\$				

If no one listed in this item lived with you, go to Item 26.

	SEC	TION 5 - O	THER IN	COME AND	FIN	A		AC	ΓΙν	ITIE	S			
24	Enter the monthly cost, per provided to anyone who li		om and boa	ard you		-	\$							
25	Enter an "X" in the approp Do you have records of th							Yes No						
<ul> <li>26 Enter an "X" in the appropriate box:</li> <li>Did you, or a member of the household, receive some kind of public or private aid during the 12-month period?</li> <li>No Go to Item 28</li> </ul>														
27 Enter the following information. Include payments for room and board, clothing, medical, household and other expenses								xpenses.						
	NAME OF PERSON FOR WHOM AID WAS GIVEN	NAME AND A OF AGE		TOTAL AMOU CONTRIBUT		=						AMOUNT OF NTRIBUTION		
					MONTH	DA	DAY YE		AR		AMOUNT			
			\$											\$
				\$										\$
				\$										\$
				\$								<u> </u>		\$
8	Enter the following inform	ation about the	income yo	ou received duri	ing th	e 1:	2-mont	h perio	od.					<u> </u>
	SOURCE OF INCOME Wages, salary, commissions, etc. Pensions, annuities, insurance (include benefits under the Social Security and Railroad Retirement Acts)		NET	NET INCOME						E YOU LAST RECEIVED				
					MON	ITH	DAY		YEAR		AR			AMOUNT
			\$									\$	5	
			\$									\$	5	

Real property

Stocks, bonds, securities, etc.

Trade, business, or self-employment

Farming or gardening (include value of products raised and used in home)

Other sources of income (do not include amounts shown in answers to previous questions on this form) \$

\$

\$

\$

\$

\$

\$

\$

\$

\$

29 Complete this item if you deposited or withdrew funds from a bank account during the 12-month period.

OWNER(S) OF ACCOUNT	BALANCE AT BEGINNING OF 12-MONTH PERIOD	BALANCE AT END OF 12-MONTH PERIOD
	\$	\$
	\$	\$

**30** Enter the amount and describe any other funds which were used for support, or put into savings, during the 12-month period. If none, enter "None."

31 Enter the description, date incurred, and amount of your debts at the end of the 12-month period. If none, enter "None."

DESCRIPTION	[	AMOUNT		
	MONTH	DAY	YEAR	
				\$
				\$

## SECTION 6 - ADDITIONAL FACTS AND REMARKS

32 This section is to be used for the continuation of answers to other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional facts that tend to show you received at least one-half of your support from the employee during the 12-month period shown in Section 1. If you need more space for your answeres, attach additional sheets.

REMARKS

		_				1	 		
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	_							 	
_					 				

**SECTION 7 - CERTIFICATION** 

I understand that civil and criminal penalties may be imposed against me for false or fraudulent statements, or for withholding 33 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		YEAR		

CERTIFICATION

heir full addresses and daytime telephone numbers.

0	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)
<b>_</b>		DAYTIME TELEPHONE NUMBER ( )