

Statement of Residence

RRB Claim No.:

Employee's SS No.:

Employee's Name:

Paperwork Reduction Act / Privacy Act Notices

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act of 1974. The information will be used to determine entitlement to benefits under this Act. You are not required to provide this information. However, your failure to do so may result in loss of benefits for the applicant. Your cooperation in furnishing the information is, therefore, very much appreciated.

We estimate this form takes an average of 3 to 5 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 completion time, to Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275

1 Your Full Name

2 Name of person whose residence(s) you are certifying

3 I certify that the person named above resided in the following places during the periods shown.

Note: Where residence in a period is unknown, show the period and enter "Unknown" under "City or Town."

City or Town	County	State	From		To	
			Month	Year	Month	Year

4 Explain how you know where the person lived.

5 Certification: Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both. I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to cause or prevent payment of benefits by the RRB. I affirm that to the best of my knowledge, the information I have given is true, complete, and correct.

Signature of person making statement

Signature (First Name, Middle Initial, Last Name) (Write in Ink)

Date (Month, Day, Year)

Daytime Telephone Number

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Mailing Address (Number and Street, Apt. No., P.O. Box, etc.)

City and State

ZIP Code

County (if any)

6 If the certification is signed by mark (X) in Item 5, 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

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Daytime Telephone Number

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