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: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

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, 2017, as:

MONTH	DAY	YEAR
0 1	0 1	2 0 1 7

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. →

MONTH	DAY	YEAR

RELATIONSHIP

8 Enter an "X" in only one box to show your relationship to the employee. →

- ☐ Widower
- ☐ Parent
- ☐ 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? →

- ☐ Yes → **Go to Item 10**
- ☐ 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.) → _____

13 Enter the date the employee last contributed. →

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? →

- ☐ Yes → **Go to Item 18**
- ☐ 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." →

☐ 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.

_____

_____

_____

_____

_____

18 Enter an "X" in the appropriate box:
Did you own the dwelling in which you lived during the 12-month period? →

☐ Yes → **Go to Item 23**
☐ No → **Go to Item 19**

19 Enter the name and relationship of the person who owned the dwelling in which you lived.

NAME OF OWNER	RELATIONSHIP 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 which you lived. If unknown, estimate to the best of your ability. → $

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

- lived with you; or
- 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	RELATIONSHIP TO YOU	DATES THE PERSON LIVED WITH YOU	TOTAL AMOUNT OF CONTRIBUTIONS DURING THE PERIOD	DATE AND AMOUNT OF LAST CONTRIBUTION			
				MONTH	DAY	YEAR	AMOUNT
			$				$
			$				$
			$				$

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

LIVING ARRANGEMENTS AND COSTS

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.

SOURCE OF INCOME	NET INCOME	DATE YOU LAST RECEIVED INCOME AND AMOUNT			
		MONTH	DAY	YEAR	AMOUNT
Wages, salary, commissions, etc.	$				$
Pensions, annuities, insurance *(include benefits under the Social Security and Railroad Retirement Acts)*	$				$
Stocks, bonds, securities, etc.	$				$
Trade, business, or self-employment	$				$
Real property	$				$
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)*	$				$

INCOME AND OTHER BENEFITS RECEIVED

OTHER FINANCIAL ACTIVITIES

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	DATE INCURRED			AMOUNT
	MONTH	DAY	YEAR	
				$
				$

SECTION 6 - ADDITIONAL FACTS AND REMARKS

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 answers, attach additional sheets.

SECTION 7 - CERTIFICATION

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

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 ( )