

## RAILROAD RETIREMENT VERIFICATION

(02/19)

Railroad Retirement Board Address	City	State	ZIP Code
Applicant	Social Security Number		
Railroad Retirement Claim Number	Date		

### TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving Railroad Retirement benefits. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent
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### TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my Railroad Retirement benefits for the purpose of determining my eligibility for occupancy.

Signature	Date
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### TO BE COMPLETED BY RAILROAD RETIREMENT ADMINISTRATION

Gross Monthly Benefit	Effective Date
Deductions, if any	Net Monthly Benefit
Comments	
Signature and Title of Railroad Retirement Official	Date

### TO BE COMPLETED BY PROJECT MANAGER

Please Return To	Telephone Number	Fax Number
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