

Fairfax County Retirement Systems
**Request for Retirement Income
Verification**

Employees' System

Police Officers System

Uniformed System

Please use the following information to send a letter stating my current monthly retirement income. I understand that the letter will be mailed to my home address on file.

Full Name: _____

Social Security Number (Last 4 Digits): _____

Daytime phone number: _____

Home Address: _____

Please check box if this is a new address and we will update it in our system.

Signature: _____ **Date:** _____

Note: The above letter may be faxed to a lender, with the hard copy of the letter going directly to your home address.

Mortgage Company: _____

Attention: _____

Fax Number: _____

Please return this form to:
Fairfax County Retirement Systems
10680 Main Street, Suite 280
Fairfax, VA 22030-3812
Fax: 703-273-3185 Phone: 703-279-8200
TTY: 711 1-800-333-1633

