

**OREGON
ELDERLY
RENTAL
ASSISTANCE**

FORM
90R 1998



For office use only		
Date received		

Remember to write in your Social Security No. and age.	Last name		First name and initial		Enter your Social Security No. (SSN) - -		Your age		
	Spouse's last name if different		Spouse's first name and initial		Enter spouse's Social Security No. - -		Spouse's age		
	Current mailing address						For office use only		
	City		State	ZIP Code	Telephone number ()		1	2	3

WORK AND INVESTMENT INCOME—Totals for the entire year

1	Wages, salaries, and other pay for work	1		
2	Interest and dividends (total taxable and nontaxable)	2		
3	Business net income (loss limited to \$1,000)	3		
4	Farm net income (loss limited to \$1,000)	4		
5	Total gain on property sales (loss limited to \$1,000)	5		
6	Rental net income (loss limited to \$1,000)	6		
7	Other income from your federal return. Identify _____	7		
8	Add lines 1 through 7	8		

RETIREMENT INCOME—Totals for the entire year

9	Social Security, Supplemental Security Income (SSI), Railroad Retirement (total for 1998)	9		
10	Pensions and annuities (see instructions)	10		
11	Add lines 9 and 10	11		

OTHER INCOME—Totals for the entire year

12	Adult and Family Services (welfare)	12		
13	Unemployment benefits	13		
14	Veteran's and military benefits	14		
15	Gifts and grants: Total amount minus \$500	15		
16	Other sources: Identify _____	16		
17	Add lines 12 through 16	17		
18	Add lines 8, 11, and 17	18		
19	Adjustments to income from federal Form 1040, line 32 or federal Form 1040A, line 17	19		
20	YOUR TOTAL HOUSEHOLD INCOME. Line 18 minus line 19. If your household income is \$10,000 or more, STOP HERE! You don't qualify for an ERA refund	20		
21	YOUR TOTAL HOUSEHOLD ASSETS. If your household assets exceed \$25,000, and you are under age 65, STOP HERE! You don't qualify for an ERA refund. Fill in your total household assets from the back of this form	21		

QUALIFYING RENT

22	Total Oregon rent you paid during 1998 (from box 7 of rent schedule on the back)	22		
23	Special Shelter Allowance	23		
24	Total fuel and utilities only (not telephone). Don't include rent! (see instructions)	24		
25	Check the box if you paid rent to a: <input type="checkbox"/> nursing home <input type="checkbox"/> retirement (rest) home <input type="checkbox"/> group home			

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE	→ Your signature _____ Date _____	Signature of preparer other than taxpayer _____ License No. _____
	→ Spouse's signature (If filing jointly, BOTH must sign) _____	Address _____

Mail your 90R to: REFUND, PO BOX 14700, Salem, OR 97309-0930

REFUNDS WILL BE MAILED IN OCTOBER 1999

RENT SCHEDULE: List the places you rented in Oregon during 1998. Attach additional schedules if needed.

Residence A

Residence B (if needed)

1. Your street address, city, state, ZIP Code	<input type="text"/>	<input type="text"/>
2. Full name of each roommate	<input type="text"/>	<input type="text"/>
3. Landlord's name, address, and telephone number	<input type="text"/> ()	<input type="text"/> ()
4. 1998 rental period	From: <input type="text"/> To: <input type="text"/>	From: <input type="text"/> To: <input type="text"/>
5. Rent you paid per month	5A <input type="text"/>	5B <input type="text"/>
6. Total rent you paid (per address)	6A <input type="text"/>	6B <input type="text"/>
7. Total Rent Paid in 1998. Add boxes 6A and 6B and enter the total here. Also enter this amount in box 22 on the front of this form	7 <input type="text"/> \$ <input type="text"/>	

1998 HOUSEHOLD ASSETS LIST

If you or your spouse are age 65 or older, this list is **not** required.
Use Fair Market Value as of December 31, 1998.

A. Real property (includes fair market value of mobile home)	<input type="text"/>	<input type="text"/>
B. Personal property:		
1. Money owed to you: Personal or business notes receivable or others (identify) _____	<input type="text"/>	<input type="text"/>
2. Funds on deposit: Funds accruing due to death of the insured where withdrawal is at your option (insurance) Funds accruing due to original maturity of a policy contract where withdrawal is at your option	<input type="text"/>	<input type="text"/>
3. Money on deposit: Checking and savings account Certificates of deposit or others (identify) _____	<input type="text"/>	<input type="text"/>
4. Money on hand: Currency and bills of exchange or others (identify) _____	<input type="text"/>	<input type="text"/>
5. Shares of stock: Capital, common, and preferred Shares in mutual funds and investment trusts or others (identify) _____	<input type="text"/>	<input type="text"/>
6. Assets or property used in a trade or business in which you or your spouse have an ownership interest	<input type="text"/>	<input type="text"/>
TOTAL HOUSEHOLD ASSETS. Fill in the total here and on line 21	<input type="text"/> \$ <input type="text"/>	