

FORM
90R

**OREGON
ELDERLY
RENTAL
ASSISTANCE**

2000

For office use only		
Date received		
You must fill in your age below in order to receive a refund.		

Remember to write in your Social Security number and age	Last name		First name and initial		Enter your Social Security No. (SSN) — —		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 2000)	● 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 18	● 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. Fill in your total household assets from the back of this form. (If you or your spouse are age 65 or older, the limitations do not apply. Fill in -0- on line 21.) If your household assets exceed \$25,000, stop here! You don't qualify for an ERA refund	● 21		

QUALIFYING RENT

22	Total Oregon rent you paid during 2000 (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 or center <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, 2001**

RENT SCHEDULE: List the places you rented in Oregon during 2000. Attach additional schedules if needed.

Residence A

Residence B (if needed)

1. Your street address, city, state, ZIP code

2. Full name of each roommate

3. Landlord's name, street address, city, state, ZIP code, and telephone number

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()

4. 2000 rental period

From:	To:
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From:	To:
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5. Rent you paid per month

5A \$

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5B \$

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6. Total rent you paid (per address)

6A \$

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6B \$

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7. Total Rent Paid in 2000. Add boxes 6A and 6B and enter the total here.

Also enter this amount in box 22 on the front of this form

7 \$

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2000 HOUSEHOLD ASSETS LIST

Use Fair Market Value of your assets as of December 31, 2000.

If you or your spouse are age 65 or older, this list is **not** required.

A. Real property (includes fair market value of mobile home)

\$	
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B. Personal property:

1. Money on hand:

Currency and bills of exchange or others (identify)

\$	
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2. Money on deposit:

Checking and savings account

\$	
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Certificates of deposit or others (identify)

\$	
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3. Funds on deposit:

Funds accruing due to death of the insured where withdrawal is at your option (insurance)

\$	
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Funds accruing due to original maturity of a policy contract where withdrawal is at your option

\$	
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4. Money owed to you:

Personal or business notes receivable or others (identify)

\$	
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5. Shares of stock:

Capital, common, and preferred

\$	
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Shares in mutual funds and investment trusts or others (identify)

\$	
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6. Assets or property used in a trade or business in which you or your spouse have an ownership interest

\$	
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TOTAL HOUSEHOLD ASSETS. Fill in the total here and on line 21

\$	
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