



| Revenue Use Only |
|------------------|
| Date received |

INCOME WORKSHEET

• Please print or type.

| | | | |
|-----------------------------|------------------------|-------------------------------|----------|
| Applicant's last name | First name and initial | Social Security number - - | |
| Joint applicant's last name | First name and initial | Social Security number - - | |
| Mailing Address | City | State | ZIP Code |

List below all income for 2006. Include income earned in other states or countries. Your income eligibility is determined by Oregon law. Your household income must be less than \$36,500 (taxable and nontaxable income) to qualify.

Work and Investment Income

| | | | | |
|--|---|--|----|--|
| 1. Wages, salaries, and other pay for work..... | 1 | | 00 | |
| 2. Interest and dividends (total taxable and nontaxable) | 2 | | 00 | |
| 3. Business net income (loss limited to \$1,000)..... | 3 | | 00 | |
| a. Do you have a business located on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, explain type of business and percentage of property used for business purposes _____ | | | | |
| 4. Farm net income (loss limited to \$1,000) | 4 | | 00 | |
| 5. Total gain on property sales (loss limited to \$1,000)..... | 5 | | 00 | |
| 6. Rental net income (loss limited to \$1,000) | 6 | | 00 | |
| a. Is part of your home or property used as a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, what percentage? _____ | | | | |
| 7. Other capital gains (i.e., stocks and bonds (loss limited to \$1,000) | 7 | | 00 | |
| 8. Other income from your federal return. Identify: _____ | 8 | | 00 | |
| 9. Add lines 1 through 8..... | 9 | | 00 | |

Retirement Income

| | | | | |
|--|----|--|----|--|
| 10. Total Social Security, Supplemental Security Income (SSI), and railroad retirement | 10 | | 00 | |
| 11. Pensions and annuities (total taxable and nontaxable)..... | 11 | | 00 | |
| 12. Add lines 10 and 11 | 12 | | 00 | |

Other Income

| | | | | |
|---|----|--|----|--|
| 13. Unemployment benefits | 13 | | 00 | |
| 14. Child support | 14 | | 00 | |
| 15. Support from others not in your household. Identify: _____ | 15 | | 00 | |
| 16. Veteran's and military benefits | 16 | | 00 | |
| 17. Gifts and grants. Total amount minus \$500 | 17 | | 00 | |
| 18. Gambling winnings..... | 18 | | 00 | |
| 19. Other sources. Identify: _____ | 19 | | 00 | |
| 20. Add lines 13 through 19 | 20 | | 00 | |
| 21. Your total household income. Add lines 9, 12, and 20 | 21 | | 00 | |

If the amount on line 21 is **more** than the household income limit allowed (\$36,500 for 2006), you do not qualify for the Special Assessment Deferral.

DECLARATION

I declare under penalties for false swearing that I have examined all documents and to the best of my knowledge, they are true, correct, and complete. I understand a lien will be placed on this property. I understand that 6 percent simple interest accrues on each year's deferred bond amount.

| | | | |
|-----------------------|------|-----------------------------|------|
| Applicant's signature | Date | Joint applicant's signature | Date |
| X | | X | |