

**OREGON
ELDERLY
RENTAL
ASSISTANCE**

FORM
90R **1999**

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 No. 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 1999)	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. 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 1999 (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, 2000

RENT SCHEDULE: List the places you rented in Oregon during 1999. Attach additional schedules if needed.

	Residence A	Residence B (if needed)
1. Your street address, city, state, ZIP Code	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2. Full name of each roommate	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3. Landlord's name, address, and telephone number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">()</div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">()</div>
4. 1999 rental period	From: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> To: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	From: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> To: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
5. Rent you paid per month 5A	<div style="border: 1px solid black; width: 100px; height: 15px;"></div> 5B <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
6. Total rent you paid (per address) 6A	<div style="border: 1px solid black; width: 100px; height: 15px;"></div> 6B <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
7. Total Rent Paid in 1999. Add boxes 6A and 6B and enter the total here. Also enter this amount in box 22 on the front of this form 7	<div style="border: 1px solid black; width: 150px; height: 25px; display: flex; align-items: center; justify-content: center;">\$</div>	

1999 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, 1999.

A. Real property (includes fair market value of mobile home)	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
B. Personal property:	
1. Money on hand: Currency and bills of exchange or others (identify) _____	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
2. Money on deposit: Checking and savings account Certificates of deposit or others (identify) _____	<div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
3. 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	<div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
4. Money owed to you: Personal or business notes receivable or others (identify) _____	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
5. Shares of stock: Capital, common, and preferred Shares in mutual funds and investment trusts or others (identify) _____	<div style="border: 1px solid black; width: 100%; height: 15px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
6. Assets or property used in a trade or business in which you or your spouse have an ownership interest	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
TOTAL HOUSEHOLD ASSETS. Fill in the total here and on line 21	<div style="border: 1px solid black; width: 150px; height: 25px; display: flex; align-items: center; justify-content: center;">\$</div>