

2011 Elderly Rental Assistance Program Form 90R and Instructions



Elderly Rental Assistance (ERA) is for low-income people age 58 or older who rent their home. ERA is based on your income, assets, and the amount of rent, fuel, and utilities you paid. The property you rent must be subject to property tax. If the property you rent is exempt from property tax you are not eligible for ERA unless the property owner makes a “payment in lieu of tax” (PILOT). You must file a Form 90R to receive ERA.

You qualify for ERA if *all* the following are true:

- You or your spouse/registered domestic partner (RDP) were age 58 or older on December 31, 2011; **and**
- You and your spouse’s/RDP’s household income was under \$10,000; **and**
- You paid more than 20 percent of your household income for rent, fuel, and utilities (see “Special instructions” on this page); **and**
- The total value of you and your spouse’s/RDP’s household assets is \$25,000 or less (if you or your spouse/RDP are age 65 or older on December 31, there is no limit on the value of household assets); **and**
- You rented an Oregon residence that was subject to property tax or PILOT; **and**
- You lived in Oregon on December 31; **and**
- You didn’t own your residence on December 31 (if you live in a manufactured home, see page 2).

Household income includes all taxable and nontaxable income. See page 2.

Fuel and utilities include the amount you paid in 2011 for lights, water, garbage, sewer, and heating. Do not include food expenses or payments for telephone, cable tv, or internet access.

Household assets include real and personal property described on page 3. See the list on Form 90R.

When do I file Form 90R?

| Claim Year | File By | Accepted Until |
|------------|--------------|----------------|
| 2011 | July 1, 2012 | July 1, 2015 |

Where do I send Form 90R?

ERA CLAIMS
PO Box 14700
Salem OR 97309-0930

When will I get my assistance check?

If you file Form 90R by July 1, 2012, your ERA check will be mailed to you in November. If your Form 90R is filed **after** July 1, your check can’t be issued until November 2013.

Fraudulent claims

Filing a fraudulent Form 90R is against the law. You could be charged with a class C felony. You could be fined up to \$100,000 and serve a jail sentence. You would also be required to pay back twice the amount you received plus interest.

Special instructions

Single. If you were single on December 31, 2011, list only the rent, fuel, and utilities you actually paid. Do not list any amounts paid by anyone else.

Roommates. Each roommate can file for ERA. The amount of assistance is based on the rent, fuel, utilities, household income, and assets of each person. List the names of all renters and the rent, fuel, and utilities you **alone** paid.

Recently married/registered. Did you marry or register your domestic partnership during 2011? If so, you must file jointly. Include the rent, fuel, and utilities paid both separately and together.

Married/RDP—living together. If you were married/RDP and living together on December 31, 2011, you must file jointly. The assistance is based on the rent, fuel, utilities, household income, and assets of both people.

Married/RDP—living apart. If you were married/RDP and permanently living apart on December 31, you may file separately. List only the rent, fuel, and utilities **you** paid. File jointly if you are only temporarily living apart.

Deceased persons. You cannot file a Form 90R for a deceased person.

Clergy. Members of the clergy who live in housing provided by the church may be eligible for assistance. You qualify if you paid rent **and the property was subject to Oregon property tax.**

Your minister's rental allowance must be included in household income even if it is not taxable.

Apartment managers. Include only the rent you actually paid on the Form 90R rent schedule. Don't include the value of free rent.

Special living places

The amount of assistance depends on the kind of housing you lived in. **Note: If your residence is exempt from property taxes, you are not eligible to file for ERA** unless the property owners make a PILOT. Contact your landlord if you don't know if your residence is subject to property tax or PILOT.

Partially exempt property. If your residence is partially exempt from property taxes, you are allowed to file an ERA claim based on the percentage that is subject to Oregon property taxes. For example, if the property you rent is 75 percent exempt from property taxes, you may file a claim based on 25 percent of the rent you actually paid.

Manufactured homes. You are allowed to file a claim based on the rent you actually paid for your manufactured home, your land, or both. If you owned both on December 31, you don't qualify for ERA.

Low-income housing. You can file for ERA only on the rent you actually paid. **Note: If your low-income housing is exempt from property taxes, you can't file for ERA unless the owners make a PILOT.**

Nursing home residents. If you lived in a nursing home, you may file for ERA. Nursing home payments include medical care and other expenses, not just rent. Generally, 20 percent of your total payment is considered rent, and 3 percent is considered fuel and utilities.

If you lived in a nursing home on December 31, 2011, while your spouse/RDP rented a separate residence, each of you can file a separate Form 90R for assistance. You may file for assistance based on your nursing home rent if it is subject to property tax. Show only your own household income on Form 90R. Your spouse/RDP will file a separate Form 90R.

If you lived in a nursing home on December 31, and your spouse/RDP lived in a home you owned, you may file for assistance based on your nursing home rent. Show only your own household income on Form 90R. Your spouse/RDP doesn't qualify for ERA.

Retirement/care home or facility. Generally, 60 percent of your total payment is considered rent, and 10 percent is considered fuel and utilities.

Group homes. Generally, 60 percent of your total payment is considered rent, and 10 percent is considered fuel and utilities. **Note: If your group home is exempt from property taxes, you can't file for ERA.**

Boarders. Generally, 60 percent of your room and board payment is considered rent, and 10 percent is considered fuel and utilities.

Renting from relatives. If you pay rent to a relative for the right to occupy the property, you may qualify for ERA. You must have a signed rental agreement and the relative you pay rent to must report the rental income. Keep a copy of the signed agreement along with your rent receipts for your records.

Licensed trailers. If you lived in a licensed travel trailer that's not on the county property tax rolls, and you rented the land, you may file a claim based on the land rent you paid.

You don't qualify for ERA if you lived in:

- Cooperative housing or
- A nonprofit home for the elderly.

Form 90R instructions

Name and address section

Clearly print or type your name, address, Social Security number, and date of birth on Form 90R.

Important—If your address changes before November 2012, notify us. See page 4 for numbers to call.

Date of birth. You or your spouse/RDP must be age 58 or older as of December 31, 2011, to qualify for ERA. **You must enter the date of birth for yourself and your spouse/RDP on Form 90R or your claim may be denied.**

Household income

Household income includes taxable and nontaxable income of both spouses/RDPs living in the same household. It doesn't include your spouse's/RDP's income if you were permanently living apart on December 31. It also doesn't include income of any other person living with you, except your spouse/RDP.

Use Form 90R lines 1–19 to figure your household income. See pages 4–6 for a household income checklist.

Nonresidents and part-year residents who lived in Oregon on December 31, 2011. Include all taxable and nontaxable income for the **entire** year. Include income from sources inside and outside Oregon.

Line instructions

Instructions are for lines not fully explained on the form.

Note: You must round off cents to the nearest dollar. For example, \$12.49 becomes \$12.

Work and investment income

Fill in the total amount received during the year.

- 2. Interest and dividends.** Fill in your total taxable and nontaxable interest and dividends. Don't include "return of capital" dividends or insurance policy "return of premium" dividends.

Note for lines 3, 4, and 6:

- If you had a net loss, it is limited to \$1,000.
 - Include income from partnerships and S corporations.
 - Do not reduce these items by net operating loss carryovers and carrybacks.
 - Limit the combined total of your depreciation, depletion, and amortization deductions to \$5,000.
- 5. Total gain on property sales.** Fill in your total gain from any property sales: stocks, bonds, land, or other property. If you had a net loss, you can subtract up to \$1,000. Don't include any gain you deferred or excluded from the sale of your house.

Retirement income

For each of the following, fill in the total amount you received during the year.

- 9. Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and railroad retirement.** Fill in the **total** taxable and nontaxable Social Security, SSI, SSDI, and Railroad Retirement Board benefits you received in 2011. Include Social Security **before** any Medicare premium deductions. Do not include reimbursed medical expenses. Include any amounts you received in your name from Social Security for the benefit of a minor child.

- 10. Pensions and annuities.** Fill in the total pension and annuity income you received in 2011. **Federal pensions:** Be sure to include your **total** taxable and nontaxable pension income. Don't include your contribution to the plan. Include lump-sum distributions and death benefits.

Other income

- 12. Children, Adults, and Families (CAF).** Fill in the **total** amount of public assistance you received. Include amounts received from Seniors and People with Disabilities. Also include Temporary Assistance for Needy Families (TANF). You should have received an Assistance Summary statement that shows the amount you received. **Don't include:**

- Special Shelter Allowance portion of TANF.
- Amounts for food stamps or surplus foods.
- Payments for medical care, drugs, medical supplies, and services related to medical care for which you received no direct payment.
- In-home services approved by the Oregon Department of Human Services.
- Reimbursement of expenses from participating in work or training programs.

If you receive public assistance benefits for your nursing home costs, include 23 percent of that payment as public assistance income. Generally, 23 percent of the payment is rent plus utilities and fuel (see "Special living places" on page 2). Don't include payments to your nursing home for medical care, drugs, or medical supplies.

- 14. Veteran's and military benefits.** Fill in your **total** taxable and nontaxable veteran's benefits, GI Bill benefits, family allowances, and educational allowances.
- 15. Family support, gifts, and grants.** Add **all** the gifts, grants, and scholarships you received. Include any amounts you received from others to help pay your expenses. You can exclude up to \$500 from household income. Don't include federal grants to improve your home.
- 16. Other sources.** See the household income checklist on page 4.
- 21. Household assets.**

Single or married—living apart. Complete the household assets list on the back of your Form 90R. If the total value of your household assets is more than \$25,000 you don't qualify for ERA.

Married/RDP—living together. Complete the household assets list on the back of your Form 90R. If the total value of both your household assets combined is more than \$25,000, you don't qualify for ERA. Include property you own together and separately.

Note: Examples of items **not** to include are: TVs, VCRs, computers, cars, furniture, appliances, rings, and bicycles. (This is not intended to be a complete list.)

Qualifying rent

22. Total Oregon rent you paid during 2011.

Include all Oregon rent you paid for each residence you rented in 2011. Rent doesn't include advance rent or deposits for keys, cleaning, or security. Keep your rent receipts for at least three years.

If the property you rented was partially exempt from property taxes, or you lived in a nursing home, retirement/rest home or center, group home, or pay room and board, only a portion is qualifying rent. See "Special living places" on page 2.

23. Special Shelter Allowance (TANF). Did you receive TANF? If you did, the Assistance Summary statement you received shows the amount of your TANF. Fill in the amount from the notice on this line. This allowance is an advance payment of ERA and will reduce the amount of your assistance.

24. Fuel and utilities. Include the amount you paid during 2011 for lights, water, garbage, sewer, and heating while living in Oregon. **Don't** include amounts for telephone, cable, or internet.

If the total of lines 22 and 24 is 20 percent or less of your total household income on line 20, then you don't qualify.

If you lived in a nursing home, retirement/rest home or center, group home, or paid room and board, see "Special living places" on page 2.

25. Nursing home, retirement/care home or facility, or group home. Check the box that applies. Generally, a nursing home provides medical care, but retirement/care homes or centers and group homes don't.

ERA payment. We will figure your assistance amount for you. Remember your assistance

payment will be reduced by any TANF you received in 2011.

Sign and mail Form 90R

Before you mail Form 90R, check for the following:

- ✓ Were you **or** your spouse/RDP age 58 or older on December 31? Did you fill in your date of birth and your spouse's/RDP's date of birth?
- ✓ Did you and your spouse/RDP sign and date Form 90R?
- ✓ Did you complete the entire form? An incomplete claim could delay your assistance until next year.

Remember—You must file Form 90R by July 1, 2012 so we can process and issue your payment in November 2012.

Have questions? Need help?

General tax information..... www.oregon.gov/dor
Salem..... 503-378-4988
Toll-free from an Oregon prefix... 1-800-356-4222

Asistencia en español:
En Salem o fuera de Oregon..... 503-378-4988
Gratis de prefijo de Oregon 1-800-356-4222

TTY (hearing or speech impaired; machine only):
Salem area or outside Oregon 503-945-8617
Toll-free from an Oregon prefix... 1-800-886-7204

Americans with Disabilities Act (ADA): Call one of the help numbers above for information in alternative formats.

Household income checklist

Use this list to decide if an item must be included in total household income.

Alimony and separate maintenance..... Yes

Annuities and pensions (reduced by cost recovery)..... Yes

Business income (reduced by expenses) (losses limited to \$1,000) Yes

Cafeteria plan benefits..... No

Capital loss carryover..... No

Capital losses (in year determined) (losses limited to \$1,000)..... Yes

Child support..... Yes

| | | | |
|---|-----|--|-----|
| Child support included in public assistance | Yes | Funeral expenses received | No |
| Clergy's rental or housing allowance, in excess of expenses claimed to determine federal AGI | Yes | Gains on sales (receipts less cost) | Yes |
| Compensation for services performed | | Excluded gain for Oregon on sale of home | No |
| Back pay | Yes | Gambling winnings (before losses) | Yes |
| Bonuses..... | Yes | Gifts and grants (totaling more than \$500) Yes | |
| Clergy's fees | Yes | Cash | Yes |
| Commissions | Yes | Gifts from spouse/RDP in the same household..... | No |
| Director's fees | Yes | Gifts other than cash (report at fair market value) | Yes |
| Fees in general (trustee, executor, jury duty)..... | Yes | Payment of indebtedness by another | Yes |
| Lodging for convenience of employer..... | No | Grants and payments by foreign governments (nontaxable) | Yes |
| Meals for convenience of employer | No | Grants by federal government for rehabilitation of home | No |
| Salaries..... | Yes | Gratuities | Yes |
| Severance pay | Yes | Hobby income | Yes |
| Tips..... | Yes | Honorariums | Yes |
| Wages..... | Yes | Individual Retirement Arrangement (IRA) | |
| Deferred compensation | | <i>Conventional IRA</i> | |
| Contributions made | No | Payments received | Yes |
| Payments received | Yes | Payments contributed..... | No |
| Depletion in excess of basis | Yes | Rollovers or conversions | No |
| Depreciation, depletion, and amortization in excess of \$5,000 | Yes | <i>Roth IRA</i> | |
| Disability income (entire amount) | Yes | Payments received | No |
| Dividends, taxable and nontaxable | Yes | Payments contributed..... | Yes |
| Credit union savings account | | Rollovers or conversions | No |
| "dividends" (interest)..... | Yes | Inheritance | Yes |
| Insurance policy "dividends" (return of premium) | No | From spouse/RDP who resided with you | No |
| Return of capital dividends | No | Insurance proceeds | |
| Stock dividends..... | Yes | Accident and health..... | Yes |
| Tax-exempt dividends | Yes | Disability payments..... | Yes |
| Earned income credit, advanced | No | Employee death benefits | Yes |
| Estate and trust income (also see Inheritance) (losses limited to \$1,000)..... | Yes | Life insurance | Yes |
| Farm income (reduced by expenses) (losses limited to \$1,000)..... | Yes | Personal injury damages (less attorney fees) | Yes |
| Agricultural program payments..... | Yes | Property damage if included in federal income | Yes |
| Patronage dividends | Yes | Reimbursement of medical expense | No |
| Proceeds from sale of crops/livestock | Yes | Sick pay (employer sickness and injury pay)..... | Yes |
| Rents | Yes | Strike benefits | Yes |
| Sale of services..... | Yes | Unemployment compensation | Yes |
| Fellowships | Yes | Workers' compensation..... | Yes |
| Foreign income (nontaxable) | Yes | Interest, taxable and nontaxable | Yes |
| Foster child care (reduced by expenses) | No | Contracts | Yes |
| | | Municipal bonds and other securities..... | Yes |

| | | | |
|---|-----|---|-----|
| Savings accounts | Yes | Surplus food | No |
| Tax-exempt interest..... | Yes | Temporary assistance to needy families... Yes | |
| U.S. Savings Bonds..... | Yes | Women, Infants, and Children | |
| Losses on sales (to extent used in | | program (WIC) | No |
| determining AGI) (limited to \$1,000) | Yes | Railroad Retirement Board benefits | Yes |
| From sales of real or personal | | Refunds | |
| property (nonbusiness)..... | No | Earned income credit | No |
| Lottery winnings | Yes | Federal tax..... | No |
| Lump-sum distribution (less cost | | Property tax | No |
| recovery)..... | Yes | Oregon income tax..... | No |
| Military and veteran's benefits | | Other states' income tax (if in federal AGI) ... | Yes |
| (taxable and nontaxable) | | Prior-year rental assistance payment | No |
| Combat pay | Yes | Reimbursements (in excess of expenses) ... | Yes |
| Disability pensions | Yes | Rental allowances paid to ministers | |
| Educational benefits (GI Bill)..... | Yes | not included in federal AGI | Yes |
| Family allowances..... | Yes | Rental and royalty income (reduced by | |
| Pensions..... | Yes | expenses) (losses limited to \$1,000) | Yes |
| Net operating loss carryback and carryover ... | No | Residence sales (see gains on sales) | Yes |
| Partnership income (reduced by | | Retirement benefits (see pensions and | |
| expenses) (losses limited to \$1,000) | Yes | Social Security) | |
| Parsonage (rental value) or housing | | Scholarships (totaling more than \$500) | Yes |
| allowance in excess of expenses | | Sick pay | Yes |
| used in determining federal AGI | Yes | Social Security (taxable and nontaxable) ... | Yes |
| Pensions and annuities (taxable and | | Children's benefits paid to parent | Yes |
| nontaxable) (reduced by cost | | Children's benefits paid to your child..... | No |
| recovered in the current year)..... | Yes | Disability pension..... | Yes |
| Prizes and awards | Yes | Medicare payments of medical expenses | No |
| Public assistance benefits..... | Yes | Medicare premiums deducted from | |
| Aid to blind and disabled | Yes | Social Security | Yes |
| Child care payments..... | Yes | Old-age benefits..... | Yes |
| Child support included in public | | Social Security Disability Insurance | |
| assistance..... | Yes | (SSDI) | Yes |
| Direct payments to nursing home | No | Supplemental Security Income (SSI) | Yes |
| Food stamps (or cash payments in lieu | | Survivor benefits | Yes |
| of food stamps)..... | No | Stipends (totaling more than \$500) | Yes |
| Fuel assistance | No | Strike benefits | Yes |
| In-home services approved by the | | Support from parents who don't live | |
| Department of Human Services | No | in your household | Yes |
| Medical payments to doctors | No | Trust income..... | Yes |
| Oregon Supplemental Income | | Unemployment compensation..... | Yes |
| Program (OSIP) | Yes | Wages..... | Yes |
| Payments for medical care, drugs, | | | |
| medical supplies, and services for | | | |
| which no direct payment is received | No | | |
| Reimbursements of expenses paid or | | | |
| incurred by participants in work | | | |
| or training programs..... | No | | |
| Special Shelter Allowance | No | | |

| | | | | | | | |
|---|--|---------------------------------------|----------|---|--|---|--|
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Form 90R </div> <div style="text-align: center;"> Oregon Elderly Rental Assistance </div> <div style="text-align: center;"> 2011 </div> </div> | | | | For department use only Date received _____ You must fill in your date of birth in order to receive assistance. | | | |
| Last name | | First name and initial | | Enter your Social Security no. (SSN) - - | | Date of birth (mm/dd/yyyy) | |
| Spouse's/RDP's last name if joint claim | | Spouse's/RDP's first name and initial | | Enter spouse's/RDP's Social Security no. - - | | Date of birth (mm/dd/yyyy) | |
| Current mailing address | | | | | | For department use only 1 2 3 | |
| | | | | | | | |
| City | | State | ZIP code | Telephone number () | | | |

Work and investment income—Totals for the entire year

| | | | | |
|--------------------------------------|--|-----|--|-----|
| 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 |
| 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 |
| 7 | Other income from your federal return. Identify | 7 | | .00 |
| 8 Add lines 1 through 7 | | • 8 | | .00 |

Retirement income—Totals for the entire year

| | | | | |
|------------------------------------|--|------|--|-----|
| 9 | Social Security, supplemental security income (SSI), railroad retirement (taxable and nontaxable) | • 9 | | .00 |
| 10 | Pensions and annuities (see instructions) | • 10 | | .00 |
| 11 Add lines 9 and 10 | | 11 | | .00 |

Other income—Totals for the entire year

| | | | | |
|---|--|------|--|-----|
| 12 | Children, Adults, and Families (public assistance, not including food stamps) | • 12 | | .00 |
| 13 | Unemployment benefits | • 13 | | .00 |
| 14 | Veteran's and military benefits | 14 | | .00 |
| 15 | Family support, gifts, and grants: Total received minus \$500 | 15 | | .00 |
| 16 | Other sources: Identify | 16 | | .00 |
| 17 Add lines 12 through 16 | | • 17 | | .00 |
| 18 Add lines 8, 11, and 17 | | 18 | | .00 |
| 19 Adjustments to income from federal Form 1040, line 36 or federal Form 1040A, line 20 | | • 19 | | .00 |
| 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 elderly rental assistance | | • 20 | | .00 |
| 21 Your total household assets. Fill in your total household assets from the back of this form. (If you or your spouse/RDP 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 elderly rental assistance | | • 21 | | .00 |

Qualifying rent

| | | | | |
|---|---|------|--|-----|
| 22 | Total Oregon rent you paid during 2011 (from box 7 of rent schedule on the back) | • 22 | | .00 |
| 23 | Special Shelter Allowance (see page 3) | • 23 | | .00 |
| 24 | Total fuel and utilities only (not telephone). Don't include rent (see page 1) | • 24 | | .00 |
| 25 Check the box if you paid rent to a: <input type="checkbox"/> nursing home <input type="checkbox"/> retirement/care home or facility <input type="checkbox"/> group home | | | | |

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

| | | |
|------------------|--|---|
| Sign here | <div style="display: flex; justify-content: space-between;"> → Your signature Date </div> | <div style="display: flex; justify-content: space-between;"> Signature of preparer other than taxpayer License no. </div> |
| | <div style="display: flex; justify-content: space-between;"> → Spouse's/RDP's signature (If filing jointly, BOTH must sign) Address </div> | |

Mail your completed 90R to: ERA claims, PO Box 14700, Salem OR 97309-0930

Rent schedule

List the places you rented in Oregon during 2011. 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

| |
|--|
| |
| |

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|--|
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| |

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

| |
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4. **2011** rental period

| | |
|-------|-----|
| From: | To: |
|-------|-----|

| | |
|-------|-----|
| From: | To: |
|-------|-----|

5. Rent you paid per month 5A

| |
|----|
| \$ |
|----|

.....5B

| |
|----|
| \$ |
|----|

6. Total rent you paid (per address) 6A

| |
|----|
| \$ |
|----|

.....6B

| |
|----|
| \$ |
|----|

7. **Total rent paid in 2011.** Add boxes 6A and 6B and enter the total here.

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

| |
|----|
| \$ |
|----|

2011 household assets list

Use fair market value of your assets as of December 31, 2011. If you or your spouse/RDP are age 65 or older, this list is **not** required.

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

| | |
|----|--|
| \$ | |
|----|--|

2. **Personal property:**

A. Money on hand: Currency, checks, or others (identify)

| | |
|----|--|
| \$ | |
|----|--|

B. Money on deposit:

Checking and savings account.....

| | |
|----|--|
| \$ | |
|----|--|

Certificates of deposit or others (identify)

| | |
|----|--|
| \$ | |
|----|--|

C. 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

| | |
|----|--|
| \$ | |
|----|--|

D. Money owed to you: Personal or business notes receivable or others (identify)

| | |
|----|--|
| \$ | |
|----|--|

E. Value of shares of stock:

Capital, common, and preferred.....

| | |
|----|--|
| \$ | |
|----|--|

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

| | |
|----|--|
| \$ | |
|----|--|

F. Value of assets or property used in a trade or business in which you or your spouse/RDP
have an ownership interest.....

| | |
|----|--|
| \$ | |
|----|--|

Total household assets. Fill in the total here and on line 21 on the front of this form

| | |
|----|--|
| \$ | |
|----|--|

| | | | | | | | |
|---|--|---------------------------------------|----------|---|--|---|--|
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Form 90R </div> <div style="text-align: center;"> Oregon Elderly Rental Assistance </div> <div style="text-align: center;"> 2011 </div> </div> | | | | For department use only Date received _____ You must fill in your date of birth in order to receive assistance. | | | |
| Last name | | First name and initial | | Enter your Social Security no. (SSN) - - | | Date of birth (mm/dd/yyyy) | |
| Spouse's/RDP's last name if joint claim | | Spouse's/RDP's first name and initial | | Enter spouse's/RDP's Social Security no. - - | | Date of birth (mm/dd/yyyy) | |
| Current mailing address | | | | | | For department use only <div style="display: flex; justify-content: space-around;"> 123 </div> | |
| | | | | | | | |
| City | | State | ZIP code | Telephone number () | | | |

Work and investment income—Totals for the entire year

| | | | | |
|--------------------------------------|--|-----|--|-----|
| 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 |
| 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 |
| 7 | Other income from your federal return. Identify | 7 | | .00 |
| 8 Add lines 1 through 7 | | • 8 | | .00 |

Retirement income—Totals for the entire year

| | | | | |
|------------------------------------|--|------|--|-----|
| 9 | Social Security, supplemental security income (SSI), railroad retirement (taxable and nontaxable) | • 9 | | .00 |
| 10 | Pensions and annuities (see instructions) | • 10 | | .00 |
| 11 Add lines 9 and 10 | | 11 | | .00 |

Other income—Totals for the entire year

| | | | | |
|---|--|------|--|-----|
| 12 | Children, Adults, and Families (public assistance, not including food stamps) | • 12 | | .00 |
| 13 | Unemployment benefits | • 13 | | .00 |
| 14 | Veteran's and military benefits | 14 | | .00 |
| 15 | Family support, gifts, and grants: Total received minus \$500 | 15 | | .00 |
| 16 | Other sources: Identify | 16 | | .00 |
| 17 Add lines 12 through 16 | | • 17 | | .00 |
| 18 Add lines 8, 11, and 17 | | 18 | | .00 |
| 19 Adjustments to income from federal Form 1040, line 36 or federal Form 1040A, line 20 | | • 19 | | .00 |
| 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 elderly rental assistance | | • 20 | | .00 |
| 21 Your total household assets. Fill in your total household assets from the back of this form. (If you or your spouse/RDP 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 elderly rental assistance | | • 21 | | .00 |

Qualifying rent

| | | | | |
|---|---|------|--|-----|
| 22 | Total Oregon rent you paid during 2011 (from box 7 of rent schedule on the back) | • 22 | | .00 |
| 23 | Special Shelter Allowance (see page 3) | • 23 | | .00 |
| 24 | Total fuel and utilities only (not telephone). Don't include rent (see page 1) | • 24 | | .00 |
| 25 Check the box if you paid rent to a: <input type="checkbox"/> nursing home <input type="checkbox"/> retirement/care home or facility <input type="checkbox"/> group home | | | | |

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

| | | |
|------------------|--|---|
| Sign here | <div style="display: flex; justify-content: space-between;"> → Your signature Date </div> | <div style="display: flex; justify-content: space-between;"> Signature of preparer other than taxpayer License no. </div> |
| | <div style="display: flex; justify-content: space-between;"> → Spouse's/RDP's signature (If filing jointly, BOTH must sign) Address </div> | |

Mail your completed 90R to: ERA claims, PO Box 14700, Salem OR 97309-0930

Rent schedule

List the places you rented in Oregon during 2011. 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 phone number

| |
|--|
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |

4. **2011** rental period

| | |
|-------|-----|
| From: | To: |
|-------|-----|

| | |
|-------|-----|
| From: | To: |
|-------|-----|

5. Rent you paid per month 5A

| |
|----|
| \$ |
|----|

.....5B

| |
|----|
| \$ |
|----|

6. Total rent you paid (per address) 6A

| |
|----|
| \$ |
|----|

.....6B

| |
|----|
| \$ |
|----|

7. **Total rent paid in 2011.** Add boxes 6A and 6B and enter the total here.

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

| |
|----|
| \$ |
|----|

2011 household assets list

Use fair market value of your assets as of December 31, 2011. If you or your spouse/RDP are age 65 or older, this list is **not** required.

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

| | |
|----|--|
| \$ | |
|----|--|

2. **Personal property:**

A. Money on hand: Currency, checks, or others (identify)

| | |
|----|--|
| \$ | |
|----|--|

B. Money on deposit:

Checking and savings account.....

| | |
|----|--|
| \$ | |
|----|--|

Certificates of deposit or others (identify)

| | |
|----|--|
| \$ | |
|----|--|

C. 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

| | |
|----|--|
| \$ | |
|----|--|

D. Money owed to you: Personal or business notes receivable or others (identify)

| | |
|----|--|
| \$ | |
|----|--|

E. Value of shares of stock:

Capital, common, and preferred.....

| | |
|----|--|
| \$ | |
|----|--|

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

| | |
|----|--|
| \$ | |
|----|--|

F. Value of assets or property used in a trade or business in which you or your spouse/RDP
have an ownership interest.....

| | |
|----|--|
| \$ | |
|----|--|

Total household assets. Fill in the total here and on line 21 on the front of this form

| | |
|----|--|
| \$ | |
|----|--|