

Renter Assistance Claim (for income received in 2002) 9000R

STEP A

Name, address, and social security number

Your first name	Initial	Last name
Spouse's first name	Initial	Last name
Present home address — number and street, PO Box or rural route		Apt. no. / PMB no.
City, town, or post office		State / ZIP Code

SSN

Your social security number	Spouse's social security number
<input type="text"/>	<input type="text"/>

IMPORTANT:
Your social security number is required.

STEP B

Filing Status

1. Are you a United States citizen? Check "Yes" or "No" . . . • 1. YES NO
 If you checked "Yes," skip line 2 and go to line 3.
 If you checked "No," go to line 2.

2. Benefit Eligibility for Noncitizens • 2a. Alien Status Code
 If you are not a citizen of the United States, go to page 15. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 15 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.
 • 2b. Alien Registration Number
 • 2c. / / Date of Entry

3. Check the appropriate box if you were **one** of the following on December 31, 2002:
 A. 62 years or older (see Note on page 7, line 3a) • A
 B. Under 62 and blind • B
 C. Under 62 and disabled (not blind) • C

4. Enter your date of birth (example: 0 5 / 2 1 / 1 9 3 8) • 4. / / Date of Birth
 You must enter your date of birth MM DD Y Y Y Y

See instructions on page 7 and page 8 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.

STEP C

Rental Information

Complete line 5 through line 7.

5. Enter the total number of months during 2002 that you lived in a qualified rented residence in California. See instructions • 5. _____ months

6. If the address where you lived during 2002 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2002 residence address. (If more than one rented residence attach a list.)

Street Address	City
• _____	_____
State and ZIP Code	
• _____ RENTED FROM ____ / ____ / ____ TO ____ / ____ / ____	

7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2002.

NAME _____
ADDRESS _____ APT. OR UNIT NO. _____
CITY _____ STATE and ZIP CODE _____
TELEPHONE () _____

STEP D
Yearly Income of household members

On line 8 through line 13 enter your total household income for the 2002 calendar year. See instructions on page 10 and page 11.

	(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement	8.	
9. Interest, Dividends, and/or Gain (or Loss)	9.	
10. Pensions, Annuities and IRA distributions	10.	
11. SSI/SSP, AB, and ATD (Gold Check). See page 10 (full year total)	11.	
12. Rental and Business Income (or Loss) See page 10. Do not enter your monthly rent payments.	12.	
13. Other Income (including wages). See page 11	13.	
14. SUBTOTAL. Add line 8 through line 13	14.	

STEP E
Adjustments to income

15. Adjustments to Income. See page 11 and page 12 15.

STEP F
Total household income

16. TOTAL HOUSEHOLD INCOME IN 2002.
Subtract line 15 from line 14 • 16.
If line 16 is more than \$37,676, stop. You do not qualify.

STEP G
Renter assistance claimed

You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.

17. Renter assistance claimed. (Cannot exceed \$347.50)
See page 13 ■ 17.

Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP H
Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number • () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ▶			FEIN/PTIN
			TELEPHONE ()

Do not write in this space

Do not write in this space					
L	D	I	A	R	RES