

Renter 2007 Assistance Claim (for income received in 2006) 9000R

STEP 1

Name and address

Place label here, type, or print

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

STEP 2

Social security number (SSN)

Your SSN	<input type="text"/>	Your Spouse's SSN	<input type="text"/>
----------	----------------------	-------------------	----------------------

IMPORTANT:
Your SSN is required.

STEP 3

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 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY)
● 2b. Alien Registration Number
● 2c. Date of Entry

3. Check the appropriate box if you were one of the following on December 31, 2006:

A. 62 years or older (See page 5, line 3A) ● A

B. Under 62 and blind ● B

C. Under 62 and disabled (not blind) ● C

If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.

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

See instructions on page 5 to see if you must attach a proof document to your claim.

STEP 4

Rental information

5. Enter the total number of months during 2006 that you lived in one or more qualified rented residence(s) in California. See instructions ● 5. months

6. If the address where you lived during 2006 is different than the address you entered in Step 1, or if the address in Step 1 is a post office box, enter your 2006 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 2006. (If more than one landlord attach a list.)

NAME

ADDRESS APT. or UNIT NO.

CITY STATE and ZIP CODE

TELEPHONE ()

STEP 5
Yearly
income of
household
members

On line 8 through line 13 below, enter your household income for the 2006 calendar year. Include the income of your spouse and certain other household members. See instructions for other household members on page 7 and page 8.

	(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, (Gold Check). See page 7	11.	
(full-year total)		
12. Rental and Business Income (or Loss)	12.	
See page 7. Do not enter your monthly rent payments.		
13. Other Income (including wages, spouses income). See page 7.	13.	
14. Subtotal. Add line 8 through line 13. (This is your total yearly income before adjustments.)	14.	
15. Adjustments to Yearly Income. See page 8	15.	
(If you do not have any adjustments to income, enter zero and go to line 16.)		
16. TOTAL YEARLY HOUSEHOLD INCOME IN 2006. Subtract line 15 from line 14.	16.	
If line 16 is more than \$42,770, STOP. You do not qualify.		
Do you receive Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

STEP 6
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. (Optional) (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, 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 7
Signature,
date, and
telephone
number

Caution: To avoid delay of your check, be sure to provide all required 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. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled, pursuant to this claim, to the address listed in step one.

Print Name _____

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
			TELEPHONE ()

Do not write in this space

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