

Iowa Rent Reimbursement Claim

2002 to be filed in 2003

File early to receive your rent reimbursement sooner.

Claimant's Last Name	First Name	Claimant's Social Security / / Spouse's Social Security N / /		Security Number	Claimant's Birth Date	County Number
Spouse's Last Name	First Name			Security Number	Month Day Year	
Mailing Address	<u>'</u>	Street Addı	ress			
Apt #, Lot #, Suite#, PO Box	Apt #, Lot	#, Suite#		1		
City, State, Zip Code		City, State,	Zip Code		Do not write in this s	space.
ANSWER THESE QUESTIO 1. Did you file a Rent Reimb 2a. Were you 65 or older 12 2b. Were you totally disable 3. Were you a resident of Ic 4. Do you presently live in Ic 5. Were you a resident of a n COMPLETE THE WORKSH 6. Total household income file 7. Rental period in Iowa from 8. Total rent paid in Iowa for 9. Allowable percentage 10. Multiply line 8 by line 9 (N 11. Reimbursement rate from	d and 18 or older owa during any owa? Let ON THE rom line K side: The control of the control o	er as of 12 part of 200 care facili REVERSE 2, 2002, D \$1,000) e side 2	/31/02? Attach 02? ty during 2002' SIDE to	Proof of Disabi	lity	
12. This is your reimbursement13. Name of apartment, nursing						
Landlord: Name	Telephone	()				
Address:						
City, State, Zi	p Code:					
14. I declare under penalty o true, correct and complet		have revie	ewed this claim	and to the best o	f my knowledge and	belief, it is
Claimant's Signature		Date	Preparer's S	Signature		
()				()	
()Claimant's Telephone Numb					Celephone Number	

Worksheet for line 6 2002 TOTAL YEARLY HOUSEHOLD INCOME

"Household income" includes the income of the claimant, the claimant's spouse and monetary contributions received from other persons living with the claimant.

Use Whole DOLL ARS Only

			U	SC VVI	IOIC	DOL	J/ 111	o On	ı y
A. Wages, salaries, tips, etc		,			$\Box . [$	0	0		
B. Rent subsidy/utilities assistance		,			brack . [0	0		
C. Title 19 Benefits for housing only (see instructions)							brack . [0	0
D. Social Security income received in 2002							brack . [0	0
E. Disability income for 2002							brack . [0	0
F. All pensions and annuities from 2002							brack . [0	0
G. Interest and dividend income from 2002 H. Profit from business and/or farming and capital gains].[0	0
if less than zero, enter 0 (see instructions)							brack . [0	0
I. Actual money received from others living with you in 2002 (see instructions) _							brack . [0	0
J. Other income (read instructions before making this entry)].[0	0
K. ADD amounts on lines A-J, o		here and on Line 6 Side 1		,].[0	0
		RSEMENT RATE TABLE FOR Induser household income from Line K			s:				
\$ 0.00	-	9,060.99 enter 1.00 on Line 11	, Side	1					
9,061	-	10,126.99 enter 0.85 on Line 11	, Side	1					
10,127	-	11,192.99 enter 0.70 on Line 11	, Side	1					
11,193	-	13,324.99 enter 0.50 on Line 11	, Side	1					
13,325	-	15,456.99 enter 0.35 on Line 11	, Side	1					
15,457	-	17,588.99 enter 0.25 on Line 11	, Side	1					
17,589 o	r gre	ater no reimbursement allo	wed						

For assistance in completing this form, call 1-800-367-3388 or 515/281-3114.

Where's my refund check? Call 1-800-572-3944 or 515/281-4966

You must provide claimant's Social Security Number

and date of birth when calling

Mail this form to: Iowa Department of Revenue and Finance

RENT REIMBURSEMENT PROCESSING

PO Box 10459

DES MOINES IA 50306-0459