



**Worksheet for line 6 on page 1 of claim form. This must be completed.**

2010 TOTAL YEARLY HOUSEHOLD INCOME: Total household income includes the income of the claimant, the **claimant's spouse** (if living together), rental assistance and any money received from persons living with the claimant. Fill in the yearly total for each amount that you received in 2010.

Use Whole Dollars Only

A. Wages, salaries, tips, etc. _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
B. Rent and utilities assistance (any portion of rent or utilities paid for you). ____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
C. Title 19 Benefits for housing only. See instructions. _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
D. Social Security income (retirement or disability). _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
E. Disability income (SSI, VA, or Railroad). _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
F. All pensions and annuities. _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
G. Interest and dividend income. _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
H. <b>Profit</b> from business and/or farming and capital gain. See instructions. ____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
I. Actual money received from others living with you. See instructions. _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
J. Other Income (child support, alimony, FIP, welfare payments). See instructions _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
K. ADD amounts on lines A through J. Enter here and on line 6, page 1. _____	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

**This is your total household income. If it is over \$20,740.99, STOP. You do not qualify.**

**Reimbursement Rate Table for Line 11, Page 1**

**If your total household income from line K above is:**

\$ 0.00	-	\$10,684.99	.....	enter <b>1.00</b> on line 11, page 1
\$10,685	-	\$11,941.99	.....	enter <b>0.85</b> on line 11, page 1
\$11,942	-	\$13,198.99	.....	enter <b>0.70</b> on line 11, page 1
\$13,199	-	\$15,712.99	.....	enter <b>0.50</b> on line 11, page 1
\$15,713	-	\$18,226.99	.....	enter <b>0.35</b> on line 11, page 1
\$18,227	-	\$20,740.99	.....	enter <b>0.25</b> on line 11, page 1
<b>\$20,741 or greater</b>			.....	<b>no reimbursement allowed</b>

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

**Questions on refund check status?**  
(allow 14 weeks before calling)

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  
Rent Reimbursement Processing  
PO Box 10459  
Des Moines IA 50306-0459