

# RENT REBATE (2024 Tax Year)

## **Step 1: Complete this form. Please print clearly.**

Name \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Under 65?  Widowed  Disabled

Is this your first time filing?  No  
 Yes (Photo ID required if yes)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Is there a deceased spouse on the lease?  No  Yes

Any other name on lease beside spouse or minor children?  No  Yes

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Would you like Direct Deposit?  No  Yes

If yes, deposit into:  Checking  Savings

Bank Routing # (bottom left side of check) \_\_\_\_\_

Account # \_\_\_\_\_

School District \_\_\_\_\_

*Please note the PA Department of Revenue does not begin issuing rebates until July 1*

## **Step 2: Gather these Documents**

Statements of **ALL INCOME** sources for 2024 are required.

Did you receive the following sources of income in 2024? If so, provide statements for each.

Social Security, SSI and SSP Income (include the form your received in January from Social Security stating **how much you received in 2024** or Form SSA-1099)

Proof of income received from:  Pension, Annuity, IRA Distributions (1099-R)

Interest & Dividends

Wages (W-2)

Gambling or lottery winnings

Unemployment

Sale or exchange of property

Other income \_\_\_\_\_

### **Rent Certificate**

Completed Rent Certificate. *(Have your landlord complete and sign.)*

## **Step 3: Complete & Sign the Attached Waiver**

Over the next several months, we will be filing the forms online for faster processing and easier tracking. We will mail you a confirmation and copy of the submission, along with any original documents you have given us.

**Questions about the process? Call 412-343-3870.**



### WAIVER OF CONFIDENTIALITY PROVISIONS

**Taxpayer Information**

Name/Entity: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

SSN/EIN (Please Provide in Full): \_\_\_\_\_

I/We acknowledge that I/we understand that tax information is governed by Federal and State confidentiality laws. I/We wish to allow the listed party below access to this tax information for the specified time period and for the stated reason. By signing this waiver I/we acknowledge that I/we specifically authorize the Pennsylvania Department of Revenue to reveal confidential tax information to the named representative below, for the purpose of assistance with the issue described below.

**Legislative Office Information**

Name/Leg Office: Rep. Dan Miller's Office

Contact Phone: (412) 343-3870

The Legislative Office prepared the application: Yes  | No

Reason for Contact/Issue to be Discussed (Please provide full detail):

2024 Property Tax/Rent Rebate Application

\_\_\_\_\_

Relevant Tax Period & Tax Type:

2024

**Taxpayer Signature**

\_\_\_\_\_  
Taxpayer 1 Sign

\_\_\_\_\_  
Taxpayer 1 Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer 2 Sign

\_\_\_\_\_  
Taxpayer 2 Print

\_\_\_\_\_  
Date