

County Number: _____ County Name: _____

Treasurer Name: _____ Treasurer Email: _____

FY20 Claims based on property assessed in 2018, for 2019 valuations, payable in Fiscal Year 2019 – 2020, using the estimated funding rate of 100%.

You must send your claims to the Iowa Department of Revenue by November 1, 2019.

Is this an amended claim? Yes No

Homestead Claim:

Number of qualified claimants: _____

Homestead claim: \$ _____
(Iowa Code chapter 425)

Disabled Veterans Claim:

Number of qualified claimants: _____

Disabled Veterans claim: \$ _____
(Iowa Code section 425.15)

Total Homestead and Disabled Veterans Claim:

Total claim requested \$ _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this affidavit, and, to the best of my knowledge and belief, it is true, correct, and complete. This form is in accordance with Iowa Code chapter 425.

Signature: _____ Date: _____

Return by Email to: IDRLocalGov@iowa.gov

Return by Mail to: Attn: Local Government Services
Iowa Department of Revenue
PO Box 10465
Des Moines IA 50306-0465