

**Complete the following personal information:**

Your name: _____	Spouse name: _____
Your Social Security Number: _____	Spouse Social Security Number: _____
Your birth date (MM/DD/YYYY): _____	Spouse birth date (MM/DD/YYYY): _____
Street address: _____	City: _____
State: _____ ZIP: _____	Telephone: _____

Were you age 65 or older, or totally disabled and age 18 or older, as of December 31, 2020? .....Yes  No

If "No," stop. No credit is allowed.

If you are under age 65 and totally disabled, you must include proof of disability, such as a current statement from Social Security or a letter from your doctor.

**2020 Total household income for the entire year (For you and your spouse). Read instructions before completing.**

**Use whole dollars only**

1. Wages, salaries, unemployment compensation, tips, etc. ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
2. In-kind assistance for housing expenses. ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
3. Title 19 benefits (excluding medical benefits). ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
4. Social Security income.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
5. Disability income. ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
6. All pensions and annuities. ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
7. Interest and dividend income. ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
8. Profits from businesses and / or farming and capital gain. If less than zero, enter 0.....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
9. Money received from others living with you .....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
10. Other income .....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
11. Add amounts from lines 1 through 10 .....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
12. Medical and care expenses (Totally Disabled individuals only). ....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
13. Total household income (Subtract line 12 from line 11) .....	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00

(If line 13 is more than \$12,470 stop. No credit is allowed.)

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This claim must be filed or mailed to your county treasurer on or before September 30, 2021.**

**Instructions**

**Who is Eligible?**

Total household income was not more than \$12,470 and:

- Age 65 or older by December 31, 2020, or
- Totally disabled and age 18 or older by December 31, 2020.

Household income includes your income and your spouse's income, if living together, and monetary contributions received from other persons living with you. If you and your spouse are not living together, each may file a separate claim.

**Line 1: Wages, salaries, unemployment compensation, tips, etc.** - Enter the total wages, salaries, unemployment compensation, tips, bonuses, and commissions received.

**Line 2: In-kind assistance** - Enter any portion of your housing expenses, including utilities, that were paid for you. Do not include Federal Energy Assistance.

**Line 3: Title 19 benefits** - Enter your Title 19 benefits received for housing expenses. Do not include medical benefits.

**Line 4: Social Security income** - Enter the total Social Security benefits received, even if not reportable for income tax purposes. Include any Medicare premiums withheld.

**Line 5: Disability income** - Enter the total received for disability or injury compensation, even if not reportable for income tax purposes.

**Line 6: All pensions and annuities** - Enter the total received from pensions and annuities. Include retirement pay for military service, even if not reportable for income tax purposes.

**Line 7: Interest and dividend income** - Enter taxable interest income, plus all interest income from federal, state, and municipal securities. Enter taxable dividends and distributions received. Include cash dividends and dividends paid in the form of merchandise or other property. Report at fair market value.

**Line 8: Profit from business and/or farming and capital gain** - Enter profit from business and/or farming, and any gain received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for income tax purposes. Any loss must be offset against gain, and a net loss must be reported as zero.

**Line 9: Money received from others living with you** - Enter money received from others living with you. Do not include goods and services received.

**Line 10: Other income** - Enter total income received from the following sources:

- Child support and alimony payments.
- Welfare payments. Include Family Investment Program (FIP), children's Supplemental Security Income (SSI), and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (ex: food, clothing, food stamps, medical supplies, etc.).
- Insurance income not reported elsewhere.
- Gambling, and all other income, not reported elsewhere.

**Line 12: Medical and care expenses** - Enter all medical and necessary care expenses paid during the year which were related to your disability. These are the same as you are allowed to deduct for federal income tax. Do not enter an amount on line 12 unless you are totally disabled and incurred medical or care expenses attributable to your disability.

**Line 13: Total household income** - Subtract line 12 from line 11. If more than \$12,470 no credit is allowed.

**Additional Information:**

The location of your county treasurer can be found at the Iowa Treasurers website: [iowatreasurers.org](http://iowatreasurers.org). For information about your Social Security benefits, go to the Social Security Administration website: [ssa.gov/myaccount](http://ssa.gov/myaccount).

---

**For use by County Treasurer only**

Installment number: \_\_\_\_\_ Annual special assessment payment: \_\_\_\_\_

State reimbursement: \_\_\_\_\_