

Homestead Tax Credit and Exemption

Iowa Code chapter 425 and Iowa Administrative Code rule 701—110.1

This application must be filed or postmarked to your city or county assessor on or before July 1 of the year in which the credit or exemption is first claimed. Upon filing and allowance of the claim, the claim is allowed on that homestead for successive years without further filing as long as the person qualifies for the homestead credit or exemption. A claim filed after July 1 of the year for which the person is claiming the credit or exemption shall be considered a claim filed for the following year. Contact information for all assessors can be found at the lowa State Association of Assessors website: iowa-assessors.cog

Print property information

Parcel number:				
Owner #1:		Owner	birth date*:/	/
Owner #2:		/_Owner birth date*:///		
*Beginning with assessment year exemption in addition to the home		aged 65 years or	older may claim a h	omestead
Property location address:				
City:		State:	ZIP:	
Property owner mailing address: _				
City:		State:	ZIP:	
County:		Number of ac	res:	
Phone:	Email: _			
Type of ownership (check one):	Deed: □	Contract: □	Inheritance: □	Other: □
Evidence of ownership on file in be	ook/page or inst	rument number:_		
I began to occupy this homestead dwelling house, in good faith, on a confined in a nursing home, exter not leased or rented, or I am on ac	July 1 and for at nded-care facility	t least six months y, or hospital and	during that calendar	year, or I am
I declare residency in Iowa for purporedit or exemption has been filed			no other application f	[:] or homestead
Previous address:		· · · · · · · · · · · · · · · · · · ·		
City:		State:	ZIP:	
Do you still own the previous addr	ess?			
Yes □ No □	If Yes, is the pro	operty for sale □	or rent □?	
Was this property part of a distr Marriage)?	ibution made p	ursuant to lowa (Code chapter 598 (Dissolution of
Yes □ No □				

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10A.518 and Iowa Administrative Code chapter 661—210:
has been installed: \Box or will be installed within 30 days of filing this application: \Box
This homestead contains a fuel-fired heater or appliance, a fireplace, or an attached garage: Yes $\ \square$ No $\ \square$
If Yes, I certify that a carbon monoxide alarm meeting the requirements of Iowa Code section 10A.518:
has been installed: \square or will be installed within 30 days of filing this application: \square
An eligible owner was 65 years old or older on or before January 1 of the year of this application and is claiming the homestead exemption.
Yes □ No □
I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and, to the best of my knowledge and belief, it is true, correct, and complete.
Signature: Date:
Written notification must be given to the assessor upon conveyance of this property or its discontinued use as your homestead.
ASSESSOR USE ONLY
Assessor or authorized representative:
Parcel number:
I recommend that the application for credit be: Allowed: □ Disallowed: □
If the claimant is claiming the homestead exemption, I recommend that the application for exemption be Allowed: \Box Disallowed: \Box
If the assessor recommends disallowance, provide reasons for the recommendation below:
Signature: Date:
Board of supervisors: Allowed: □ Disallowed: □
Signature:Date: