

Treasurer's Elderly and Disabled Property Tax Credit Request Affidavit.

County Number: _____

- A. Special Assessments** **Submit by October 15, 2016**
- B. Mobile Homes** **Submit by November 15, 2016**
- C. Property Tax Credit** **Submit by May 1, 2017**

FY17 Claims are based on property assessed in 2015, for 2016 valuations, payable in Fiscal Year 2016 – 2017, using the estimated funding rate of 100%.

(A) Special Assessment Claim:

Number of qualified claimants: _____ Funding Rate used: 100 %

Special Assessment Claim requested: \$_____.

(B) Mobile Home Claim:

Number of qualified claimants: _____ Funding Rate used: 100 %

Mobile Home Claim requested: \$_____.

(C) Property Tax Claim:

Number of qualified claimants: _____ Funding Rate used: 100 %

Property Tax Claimed requested: \$_____.

I, _____ Treasurer of _____ County, Iowa,
hereby request reimbursement calculated in accordance with Iowa Code Chapters 425 and 435.

Email: _____ Date: _____

Return by Email to: Joel.Gabrielson@Iowa.Gov

Return by Mail to: Iowa Department of Revenue
Attn: Elderly Program
PO Box 10465
Des Moines IA 50306-0465

Treasurer's Amended Elderly and Disabled Property Tax Credit Request Affidavit.

County Number: _____

- | | |
|-------------------------------|------------------------------------|
| A. Special Assessments | Submit by October 15, 2016 |
| B. Mobile Homes | Submit by November 15, 2016 |
| C. Property Tax Credit | Submit by May 1, 2017 |

FY17 Claims are based on property assessed in 2015, for 2016 valuations, payable in Fiscal Year 2016 – 2017, using the estimated funding rate of 100%. Amended claims are Due no later than June 30, 2017.

(A) Special Assessment Claim:

Number of qualified claimants: _____ Funding Rate used: 100 %
Original Claim filed: \$_____._____
Adjusted amount: \$_____._____
Amended Special Assessment Request: \$_____._____

(B) Mobile Home Claim:

Number of qualified claimants: _____ Funding Rate used: 100 %
Original Claim filed: \$_____._____
Adjusted amount: \$_____._____
Amended Mobile Home Request: \$_____._____

(C) Property Tax Claim:

Number of qualified claimants: _____ Funding Rate used: 100 %
Original Claim filed: \$_____._____
Adjusted amount: \$_____._____
Amended Property Tax Request: \$_____._____

I, _____ Treasurer of _____ County, Iowa, hereby request reimbursement calculated in accordance with Iowa Code Chapters 425 and 435.

Email: _____ Date: _____

Return by Email to: Joel.Gabrielson@Iowa.Gov

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