

## Treasurer's Homestead and Disabled Veterans Property Tax Credit Request Affidavit

County Number: \_\_\_\_\_

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

**You must send your claims to the Iowa Department of Revenue by November 1, 2016.**

### Homestead Claim:

Number of qualified claimants: \_\_\_\_\_

Original Claim Amount: \$\_\_\_\_\_ (100%)

Homestead Claim Requested: \$\_\_\_\_\_ (100%)  
(IA Code Chapter 425)

### Disabled Veterans Claim:

Number of qualified claimants: \_\_\_\_\_

Original Claim Amount: \$\_\_\_\_\_ (100%)

Disabled Veterans Claim Request: \$\_\_\_\_\_ (100%)  
(IA Code Chapter 425.15)

### Total Homestead and Disabled Veterans Claim:

**Total claim requested** \$\_\_\_\_\_ (100%)

I, \_\_\_\_\_ Treasurer of \_\_\_\_\_ County, Iowa,  
hereby request reimbursement calculated in accordance with Iowa Code Chapters 425 and  
425.15.

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Return by Email to: [Joel.Gabrielson@Iowa.Gov](mailto:Joel.Gabrielson@Iowa.Gov)

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

## Treasurer's Amended Homestead and Disabled Veterans Property Tax Credit Request Affidavit

County Number: \_\_\_\_\_

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

**You must send your claims to the Iowa Department of Revenue by June 30, 2017.**

### Homestead Claim:

Number of qualified claimants: \_\_\_\_\_  
Original Claim Filed: \$\_\_\_\_\_ (100%)  
Adjusted Amount: \$\_\_\_\_\_ (100%)  
Amended Total Claim Request \$\_\_\_\_\_ (100%)

### Disabled Veterans Claim:

Number of qualified claimants: \_\_\_\_\_  
Original Claim Filed: \$\_\_\_\_\_ (100%)  
Amended Total Claim Request \$\_\_\_\_\_ (100%)

### Total Homestead and Disabled Veterans Amended Claim:

**Total Amended Claim Request:** \$\_\_\_\_\_ (100%)

I, \_\_\_\_\_ Treasurer of \_\_\_\_\_ County, Iowa, hereby request reimbursement calculated in accordance with Iowa Code Chapters 425 and 425.15.

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Return by Email to: [Joel.Gabrielson@Iowa.Gov](mailto:Joel.Gabrielson@Iowa.Gov)

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