



2014 Iowa Rent Reimbursement Claim
for Elderly or Disabled File on or before June 1, 2015

Form with fields for: Your Last Name, Your First Name, Your Social Security Number, Your Birth Date, Spouse's Last Name, Spouse's First Name, Spouse's Social Security Number, Spouse's Birth Date, Your Current Mailing Address, Your Rental Address in 2014.

- 1. Were you (or your spouse) born before 1950? Yes No
2. Are you (or your spouse) totally disabled and born between 1950 and 1996? Yes No
3. Did you live in Iowa during 2014? If "no," STOP; no reimbursement allowed. Yes No
4. Do you currently live in Iowa? If "no," STOP; no reimbursement allowed. Yes No
5. Were you in a nursing home or care facility during 2014? Yes No

Enclose proof of disability.

Table for Total Household Income (For You and Your Spouse) for entire year. Columns include income categories (Wages, HUD, Title 19, etc.) and amounts in whole dollars.

Is Line 16 \$22,011 or greater? If "yes" STOP: no rent reimbursement is allowed. If Line 16 is less than \$22,011, continue to line 17.

- 17. Time you rented, from 2014 to 2014.
18. Total Iowa rent you paid in 2014.
19. Note: If the property you rent is exempt from property tax you are not eligible for reimbursement.

Landlord's Name, address and phone number:
Include any other landlords' names, addresses, and phone numbers for 2014 on a separate piece of paper.

I declare under penalty of perjury that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here
Your signature (or legal representative) Spouse Signature Date Daytime Phone

Preparer's Signature Phone Mail to: Rent Reimbursement, Iowa Department of Revenue
PO Box 10459, Des Moines, IA 50306-0459

# Reimbursement Amount – Optional to Complete

Complete the worksheet below to compute an estimate of your rent reimbursement amount. If you would like the Department of Revenue to compute the rent reimbursement for you, leave this worksheet blank.

a. Total household income from line 16 (front page) ..... \$  ,  .00

Is Line 16 (front page) \$22,011 or greater? If “yes”, **STOP**: no reimbursement is allowed.

b. Enter total rent you paid from line 18..... \$  ,  .00

c. Allowable percentage..... X .23

d. Rent allowed for reimbursement. Multiply line b  
by line c (cannot be more than \$1,000)..... \$  ,  .00

(example: if line b = 500, multiply 500 X.23 = 115)

**Note:** If more than \$1,000, enter \$1,000 on line d.

e. Select rate from table below based on income from line a above: X  .

\$0.00	-	\$11,338.99 .....	enter <b>1.00</b>
\$11,339	-	\$12,672.99 .....	enter <b>0.85</b>
\$12,673	-	\$14,006.99 .....	enter <b>0.70</b>
\$14,007	-	\$16,674.99 .....	enter <b>0.50</b>
\$16,675	-	\$19,342.99 .....	enter <b>0.35</b>
\$19,343	-	\$22,010.99 .....	enter <b>0.25</b>

\$22,011 or greater.....**STOP**. No reimbursement allowed

f. Estimated reimbursement. Multiply line d by line e.  
(example: line d = 115, multiply 115 by .70 = 81 ..... \$  ,  .00 ▲

This amount cannot be more than \$1,000.00

## Who is Eligible?

- You lived in **Iowa** all or part of 2014, and live in Iowa now, and
- Your household income is less than \$22,011, and
- The rental unit you lived in is subject to property tax, and
- You (or your spouse) were born before 1950, or
- You (or your spouse) were age 18 to 64 as of December 31, 2014, and totally disabled. Totally disabled means you are unable to get a job paying more than \$1,070 per month due to a physical or mental disability which has lasted, or is expected to last for at least one year. Proof of disability must be included with your claim.

Married couples living together are considered one household and can file only one claim, combining both incomes. If they do not live together, they may file separate claims. Other persons living together who qualify for a reimbursement may each file a claim based on their income and share of rent paid.

If you lived in a nursing home or care facility, contact the administrator for the amount to enter on line 8, Title 19 benefits. Or, enter 20% of benefits if living in a nursing home, or 40% if living in a care facility.

## Filing Reminders

- Complete and sign rent reimbursement form
- With your claim, send proof of disability (copy statement from Social Security, VA, or your doctor)



**Allow 3 Months for Processing**  
**Check on refund: 1-800-572-3944**

**Note:** The Iowa Department of Revenue may contact you for additional information.