

Complete the following personal information:

Your Name _____
 Social Security Number _____
 Your Birth Date (MM/DD/YY) _____
 Street Address _____
 Telephone Number (____) _____

Spouse Name _____
 Spouse Social Security Number _____
 Spouse Birth Date (MM/DD/YY) _____
 City, State, ZIP _____

Were you 23 years of age or older as of December 31, 2017? Yes No
 If "No," **STOP**. You do not qualify.

2017 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 | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| If less than zero, enter 0 | |
| 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. Total household income. Add amounts from lines 1-10 | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 |

(If \$22,855 or greater, **STOP**. No credit is allowed.)

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.

Your Signature _____ Date _____

This claim must be filed or mailed to your county treasurer on or before June 1, 2018. The treasurer may extend the filing deadline to September 30, 2018. The Director of Revenue may extend the filing deadline through December 31, 2018.

Instructions

Who is Eligible?

- Total 2017 household income was less than \$22,855, and
- 23 years of age or older as of December 31, 2017.

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, file separate claims.

Line 1: Wages, salaries, unemployment compensation, tips, etc. - Enter the total wages, salaries, unemployment compensation, tips, bonuses, and commissions received. If you are living with your spouse, include the total amounts received by both you and your spouse.

Line 2: In-kind assistance - Enter any portion of your housing expenses, including utilities that were paid for you. Do not enter 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 and 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. Report FIP, children's SSI, and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (food, clothing, food stamps, medical supplies, etc.).
- Insurance income not reported elsewhere.
- Gambling and all other income not reported elsewhere.

Additional Information:

The location of your county treasurer can be found at the Iowa Treasurers website: www.iowatreasurers.org.

For information about your Social Security benefits, go to the Social Security Administration website: www.socialsecurity.gov/myaccount/.

For Use by County Treasurer Only

Income	Reduced Tax Rate	Sq. Footage_____
\$0.00 – 11,773.99	0	Year of manufacture_____
11,774 – 13,158.99	.03	If year of manufacture is 2009-2012, apply 90% factor.
13,159 – 14,543.99	.06	If year of manufacture is 2008 or before, apply 80% factor.
14,544 – 17,313.99	.10	Regular Tax_____
17,314 – 20,084.99	.13	Reduced Tax_____
20,085 – 22,854.99	.15	Reimbursement_____