IOWA Property Tax

Homestead Tax Credit

Iowa Code chapter 425

This application must be filed or postmarked to your city or county assessor by July 1 of the year in which the credit 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. Contact information for all assessors can be found at the Iowa State Association of Assessors website: (www.iowa-assessors.org)

Property Information – Please Print

Parcel number: _____

Owner: _____

Property location address: _____

City:_____ State: _____ ZIP:_____

Property owner mailing address:_____

City:_____ State: _____ ZIP:_____

County: _____ Number of acres: _____

Phone: _____ Email:_____

Type of ownership (check one): deed: ☐ contract: ☐ inheritance: ☐ other: ☐

Evidence of ownership on file in Book/Page or Instrument Number: _____

I began to occupy this homestead on this date: _____ and will occupy the dwelling house, in good faith, on July 1 and for at least six months during that calendar year, or I am confined in a nursing home, extended-care facility, or hospital and the homestead is maintained and not leased or rented, or I am on active duty in the military.

I declare residency in Iowa for purposes of income taxation and that no other application for homestead credit has been filed on other property.

Previous Address:_____

City:_____ State: _____ ZIP:_____

Do you still own the previous address?

Yes ☐ No ☐ If Yes, is the property for sale ☐ or rent ☐?

Was this property part of a distribution made pursuant to Iowa Code chapter 598 (Dissolution of Marriage)? Yes ☐ No ☐

Signature: _____ Date:_____

I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 100.18 and 661 Iowa Administrative Code chapter 210:

has been installed: ☐ ***or*** will be installed within 30 days of filing this application: ☐

This homestead contains a fuel-fired heater or appliance, a fireplace, or an attached garage:

Yes ☐ No ☐

If Yes, I certify that a carbon monoxide alarm meeting the requirements of Iowa Code section 100.18:

has been installed: ☐ ***or*** will be installed within 30 days of filing this application: ☐

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 be: Allowed: ☐ Disallowed: ☐

Signature: _____ Date: _____

Board of Supervisors:

Allowed: ☐ Disallowed: ☐ Date: _____

Signature: _____