

Homestead Tax Credit and Exemption

Iowa Code chapter 425 and Iowa Administrative Code rule 701—110.1

This application must be filed or postmarked to your city or county assessor on or before July 1 of the year in which the credit or exemption 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 or exemption. A claim filed after July 1 of the year for which the person is claiming the credit or exemption shall be considered a claim filed for the following year. Contact information for all assessors can be found at the lowa State Association of Assessors website: iowa-assessors.cog

Print property information

Parcel number:				
Owner #1:		Owner I	oirth date*:	_//
Owner #2:		Owner birth date*:		_//
*Beginning with assessment your exemption in addition to the ho		aged 65 years or	older may claim a	homestead
Property location address:				
City:		State:	ZIP:	
Property owner mailing addres	ss:			· · · · · · · · · · · · · · · · · · ·
City:		State:	ZIP:	
County:	Number of acres:			
Phone:	Email: _			
Type of ownership (check one): Deed: □	Contract: □	Inheritance: □	Other: □
Evidence of ownership on file i	in book/page or inst	rument number:		
I began to occupy this homeston dwelling house, in good faith, confined in a nursing home, e not leased or rented, or I am o	on July 1 and for at xtended-care facility	least six months /, or hospital and	during that calend	lar year, or I am
I declare residency in Iowa for credit or exemption has been f			no other applicatio	n for homestead
Previous address:				
City:		State:	ZIP:	
Do you still own the previous a	address?			
Yes □ No □	If Yes, is the pro	perty for sale □	or rent □?	
Was this property part of a omage of a continuous marriage)?	distribution made p	ursuant to Iowa (Code chapter 598	(Dissolution o
Yes □ No □				

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I certify that a smoke detector or smoke detectors meeting the 100.18 and Iowa Administrative Code chapter 661—210:	e requirements of Iowa Code section
has been installed: □ or will be installed within 3	0 days of filing this application:□
This homestead contains a fuel-fired heater or appliance, a firepose \Box No \Box	lace, or an attached garage:
If Yes, I certify that a carbon monoxide alarm meeting the require	ements of Iowa Code section 100.18:
has been installed: \Box or will be installed within 3	0 days of filing this application: \Box
An eligible owner was 65 years old or older on or before Janual is claiming the homestead exemption.	ry 1 of the year of this application and
Yes □ No □	
I, the undersigned, declare under penalties of perjury or false application, and, to the best of my knowledge and belief, it is true	· · · · · · · · · · · · · · · · · · ·
Signature:	Date:
Written notification must be given to the assessor upon cordiscontinued use as your homestead.	veyance of this property or its
ASSESSOR USE ONLY	
Assessor or authorized representative:	
Parcel number:	
I recommend that the application for credit be: Allowed: □ Dis	sallowed: □
If the claimant is claiming the homestead exemption, I recomme Allowed: \Box Disallowed: \Box	nd that the application for exemption be:
If the assessor recommends disallowance, provide reasons for t	he recommendation below:
- 	
Signature:	Date:
Board of supervisors: Allowed: □ Disallowed: □	
Signature:	Date: