



Application for Homestead Tax Credit

Iowa Code Section 425

This application must be filed or mailed to your city or county assessor by July 1 of the year in which the credit is first claimed. It must be postmarked by July 1. 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

.Applicant Contact Information – Please Print

Name: _____

Phone:(_____) _____ eMail: _____

Owner's Name: _____

Property Address of Homestead: _____

Mailing Address (if different than above): _____

Legal Description (optional): _____

I became the owner of the homestead on: _____

Check if ownership is: by deed by contract by inheritance or 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: _____

Do you still own the previous address? Yes No

If Yes, check reason. For Sale Rental Ex Spouse Spouse of other owner Child Parent

Other (explain) _____

Signed: _____ 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:

Signed: _____ Date: _____

Written notification must be given to the assessor upon conveyance of this property or its discontinued use as your homestead.

Assessor or Authorized Representative

Parcel Number: _____

I recommend that the application be: Allowed _____ Disallowed _____

Signed: _____ Date: _____

Board of Supervisors

Allowed _____ Disallowed _____ Date: _____

Signed: _____