To the Assessor’s Office of ______________________ County/City

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: ____________________________