



**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](http://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, 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

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:

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:

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: \_\_\_\_\_