



# Application for Homestead Tax Credit

Iowa Code Chapter 425

This application must be filed with your city or county assessor by July 1 of the year for which the credit is first claimed. Upon the 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. Iowa assessors' addresses can be found at the **Iowa State Association of Assessors website**.

|                                      |              |
|--------------------------------------|--------------|
| <b>Applicant Contact Information</b> |              |
| PLEASE PRINT                         |              |
| Name: _____                          | _____        |
| Phone Number: (____) _____           | 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: \_\_\_\_\_

- by deed                     
  by contract                     
  by inheritance                     
  other

Evidence of ownership on file in Book/Page or Instrument No. \_\_\_\_\_ .

I began to occupy this homestead on \_\_\_\_\_ 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.

**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 thirty days of the filing of 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:** \_\_\_\_\_