Instructions for Homestead Application

>>>You must print, sign and mail this application to:

Iowa City Assessor 913 S Dubuque St Iowa City IA. 52240

• The Homestead Credit is available to all homeowners who own and occupy the residence.

• It is a onetime only sign up and is valid for as long as you own and occupy the home.

• Fill in all yellow highlighted areas. This information can be typed in before printing.

• Print two copies of the completed form. Keep one copy for your records. Sign, date and mail the other copy to address above. *This application cannot be electronically submitted in any way.*

• This application needs Adobe Reader in order to print correctly. If you are using an older version of Adobe Reader, you may download now to get a free updated version from: www.adobe.com/products/acrobat/readstep2.html

• A verification notice will be sent after we receive the application.

• The deadline for receiving this credit on the following tax year is July 1st of every year. Example: If the application is signed by July 1st, 2014 the credit will apply to taxes payable September 2015-March 2016.

• For parcel number and information regarding your property, please visit our website at: <u>www.iowacity.iowaassessors.com</u> or call 319-356-6066.

• Please edit/update any information that is not correct.



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 Iowa State Association of Assessors website: iowa-assessors.org

Print property information

Parcel number:		Owne	r:		
Owner Birthdate*: older may claim a ho			=	r 2023, claimants ageo ad credit.	d 65 years or
Property location add	lress:				
City:			State:	ZIP:	
Property owner mailin	ng address:				
City:			State:	ZIP:	
County:			Number of a	cres:	
Type of ownership (c	heck one):	deed: 🗆	contract: 🗆	inheritance: 🗆	other: 🗆
Evidence of ownersh	ip on file in t	ook/page or inst	rument number:_		
dwelling house, in go	ood faith, on i home, exte	July 1 and for at nded-care facility	least six months /, or hospital and	during that calendar y the homestead is ma	year, or I am
I declare residency in credit or exemption h				no other application fo	or homestead
Previous address:					
City:			State:	ZIP:	<u> </u>
Do you still own the p	previous add	ress?			
Yes □	No 🗆	If Yes, is the pro	perty for sale \Box	or rent □?	
Was this property pa Marriage)?	art of a dist	ribution made p	ursuant to lowa	Code chapter 598 (D	issolution of
Yes □	No 🗆				

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I certify	that a	smoke	detector	or	smoke	detectors	meeting	the	requirements	of	lowa	Code	section
100.18	and lov	wa Admi	nistrative	Сс	ode cha	pter 661—	-210:						

has been installed: 🛛	or	will be installed within 30 days of filing this application: \Box
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This homestead contains a fuel-fired heater or appliance, a fireplace, or an attached garage:

No 🗆 Yes □

If Yes, I certify that a carbon monoxide alarm meeting the requirements of Iowa Code section 100.18:

has been installed: \Box or will be installed within 30 days of filing this application: \Box

I was 65 years old or older on or before January 1 of the year of this application and I am claiming the homestead exemption.

Yes 🗆 No 🗆

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

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

ASSESSOR USE ONLY

Assessor or authorized representative:

Parcel number: _____

I recommend that the application for credit be: Allowed: \Box Disallowed: \Box

If the claima	int is claiming the	homestead exemptio	n, I recommend th	nat the application	for exemption be:
Allowed: 🗆	Disallowed: 🗆				

If the assessor recommends disallowance, provide reasons for the recommendation below:

Signature:			_Date:
Board of supervisors:	Allowed:	Disallowed: 🗆	
Signature:			_Date: