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: www.iowacity.iowaassessors.com 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 lowa State Association of Assessors website: iowa-assessors.cog

Print property information

Parcel number:				
Owner #1:		Owner birth date*:		_//
Owner #2:		Owner birth date*:/		
*Beginning with assessment year exemption in addition to the home		aged 65 years or	older may claim a	homestead
Property location address:				
City:		State:	ZIP:	
Property owner mailing address:				
City:		State:	ZIP:	
County:		Number of acres:		
Phone:	Email: _			
Type of ownership (check one):	Deed: □	Contract: □	Inheritance: □	Other: □
Evidence of ownership on file in b	ook/page or inst	rument number:		
I began to occupy this homestead dwelling house, in good faith, on confined in a nursing home, exter not leased or rented, or I am on ac	July 1 and for at nded-care facility	least six months y, or hospital and	during that calend	dar year, or I am
I declare residency in Iowa for purported to recently or exemption has been filed			no other applicatio	n for homestead
Previous address:				
City:		State:	ZIP:	
Do you still own the previous addr	ess?			
Yes □ No □	If Yes, is the pro	perty for sale □	or rent □?	
Was this property part of a distribution Marriage)?	ribution made p	ursuant to Iowa (Code chapter 598	(Dissolution of
Yes □ No □				

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I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 10A.518 and Iowa Administrative Code chapter 661—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 \Box No \Box				
If Yes, I certify that a carbon monoxide alarm meeting the requirements of Iowa Code section 10A.518:				
has been installed: \Box or will be installed within 30 days of filing this application: \Box				
An eligible owner was 65 years old or older on or before January 1 of the year of this application and is 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 claimant is claiming the homestead exemption, I recommend that the application for exemption be Allowed: \Box Disallowed: \Box				
If the assessor recommends disallowance, provide reasons for the recommendation below:				
Signature: Date:				
Board of supervisors: Allowed: □ Disallowed: □				
Signature:Date:				