

Complete all information below:

Your Last Name	Your First Name	Your Social Security Number / /	Your Birth Date / / Month Day Year
Spouse's Last Name	Spouse's First Name	Spouse's Social Security Number / /	
Street Address			
City, State, ZIP			

Answer These Questions to Determine Eligibility

1. Are you currently an Iowa resident? If "no", **STOP**. You do not qualify. Yes ☐ No ☐
2. Did you file a Property Tax Credit claim last year? Yes ☐ No ☐
- 3a. Were you 65 or older as of 12/31/14? Yes ☐ No ☐
- 3b. Were you totally disabled and age 18 to 64, as of 12/31/14? See instructions Yes ☐ No ☐
4. Were you a resident of a nursing home or care facility during 2014? See instructions Yes ☐ No ☐
If "yes", are you renting out your homestead to someone else? Yes ☐ No ☐
- 5a. Is there more than one owner of your homestead? Yes ☐ No ☐
- 5b. Do any of the owners live elsewhere? Yes ☐ No ☐
If "yes" how many live elsewhere? _____
6. Was part of your home rented or used for business purposes during 2014? Yes ☐ No ☐
If "yes", see instructions and enter the percentage here: _____ %
7. Was any part of the land in your homestead tract rented during 2014? Yes ☐ No ☐
If "yes", how many acres were used exclusively by you? _____

2014 Total Household Income for the Entire Year (For You and Your Spouse)

Use whole dollars only

Read instructions before completing.

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|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|-----|
| 8. Wages, salaries, unemployment compensation, tips, etc. | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 9. In-kind assistance for housing expense. | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 10. Title 19 benefits (excluding medical benefits). | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 11. Social Security income (include any Medicare premiums withheld). | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 12. Disability income..... | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 13. All pensions and annuities..... | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 14. Interest and dividend income. | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 15. Profit from business and/or farming and capital gain. | | | | | | | |
| If less than zero, enter 0. | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 16. Actual money received from others..... | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 17. Other income | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| 18. Total household income. Add amounts from lines 8-17. | | | | | | | |
| If \$22,011 or greater, no credit is allowed | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |

I declare under penalty of perjury that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct, and complete. Note: You may be contacted for additional information.

Your Signature: _____ Date: _____ Telephone Number: (____) _____

Return this form to your county treasurer on or before June 1, 2015, or, if the treasurer has extended the filing deadline, on or before September 30, 2015. The Director of Revenue may extend the filing deadline through December 31, 2016, for good cause.

Claimant Name: _____ Parcel Number: _____

Schedule for Rented Homestead Tracts

- Taxable valuation information for the schedule below may be obtained from city or county assessor's office.
- A. Number of acres in homestead tract. (From county land records) A. _____
- B. Number of acres in homestead tract used exclusively by claimant as reported on line 7. Do not include acres rented or rented on shares..... B. _____
- C. Taxable value as of January 1, 2014, of land in homestead used exclusively by claimant. Do not include the value of land rented or rented on shares. (See treasurer's instructions) C. \$ _____
- D. Taxable value as of January 1, 2014, of homestead buildings used exclusively by claimant. Do not include the value of rented homestead building. (See treasurer's instructions) D. \$ _____
- E. Total. Add lines C and D E. \$ _____
- F. Tax rate for taxes payable in fiscal year 2015-2016..... F. _____
- G. Multiply line E by line F G. \$ _____
- H. Enter any Agricultural Land Tax Credit and/or Family Farm Tax Credit received on the land valuation as shown on line C H. \$ _____
- I. Subtract line H from line G. Enter the amount here. This amount cannot exceed claimant's gross tax shown on line J below I. \$ _____

Credit Computation

- J. Gross property tax due (include Homestead Credit) during the fiscal year 2015-2016.(See treasurer's instructions)

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- K. Special assessments.

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- L. Property tax base: If you have an amount on line I, add it to line K. (See treasurer's instructions.)
If no amount on line I, add lines J and K.
Enter this amount or \$1,000, whichever is less.....

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- M. Percent of property tax base used in computing credit, from the schedule below.

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 %
If total household income from line 18, page 1 is:
\$0.00 - 11,338.99 ----- enter 100%
11,339 - 12,672.99 ----- enter 85%
12,673 - 14,006.99 ----- enter 70%
14,007 - 16,674.99 ----- enter 50%
16,675 - 19,342.99 ----- enter 35%
19,343 - 22,010.99 ----- enter 25%
22,011 or greater ----- no credit allowed
- N. Tentative credit: Multiply line L by line M

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- O. Homestead Credit applicable to taxes payable in fiscal year 2015-2016.....

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- P. Property Tax Credit: Subtract line O from line N.....

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