

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 claimed. Iowa assessors' addresses can be found at the **Iowa State Association of Assessors Web site**.

	Applicant Contact Information PLEASE PRINT			
	Name:			
	Phone Number:	eMail:		
Owner's Nan	ne:			_
				_
Jurisdiction: _				_
Legal Descri	ption:			_
Parcel Numb	oer:			_
I became the	owner of the homestead on: _			_
☐ by deed	d ☐ by contract	☐ by inheritance	other	
		e or Instrument No and wi		
extended-care duty in the m	e facility, or hospital and the hoilitary.	nonths during that calendar year, or I a omestead is maintained and not leased income taxation and that no other appli	or rented, or I am on active	ie,
	·	Date:		
I certify that	a smoke detector or smoke dete	ectors meeting the requirements of Iow	va Code section 100.18 and	
☐ has bee	ministrative Code chapter 210 on installed <i>OR</i> installed within thirty days of t	he filing of this application.		
Signed:		Date:		
	Written notification must be	given to the assessor upon conveyance continued use as your homestead.		
Assessor o	or Authorized Representati	ve		
I recomm	nend that the application be:	allowed disallowed.		
Signed:		Date:		
Board of S	upervisors			
allow	red disallowed			
Datas				