

Complete the following personal information:

Your name: _____

Spouse name: _____

Your Social Security Number: _____

Spouse Social Security Number: _____

Your birth date (MM/DD/YYYY): _____

Spouse birth date (MM/DD/YYYY): _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Answer these questions to determine eligibility:

1. Are you currently an Iowa resident? Yes ☐ No ☐
If "No," stop. No credit is allowed.
2. Did you file a Property Tax Credit claim in 2021? Yes ☐ No ☐
- 3a. Were you age 65 to 69 as of December 31, 2021? Yes ☐ No ☐
- 3b. Were you age 70 or older as of December 31, 2021? Yes ☐ No ☐
If "Yes," number of persons living in your household (include yourself). See instructions.
- 3c. Were you age 18 or older and totally disabled as of December 31, 2021? See instructions. Yes ☐ No ☐
- 4a. Were you a resident of a nursing home or care facility during 2021? See instructions Yes ☐ No ☐
If "Yes," are you renting out your homestead to someone else? See instructions 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 2021? Yes ☐ No ☐
If "Yes," see instructions and enter the percentage here. %
7. Was any part of the land in your homestead tract rented during 2021? Yes ☐ No ☐
If "Yes," how many acres were used exclusively by you?

2021 Total household income for the entire year
Read instructions before completing. Use whole dollars only

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|---|--|--|--|--|-----|
| 8. Wages, salaries, unemployment compensation, tips, etc. | | | | | .00 |
| 9. In-kind assistance for housing expense. | | | | | .00 |
| 10. Title 19 benefits (excluding medical benefits). | | | | | .00 |
| 11. Social Security income (include any Medicare premiums withheld). | | | | | .00 |
| 12. Disability income. | | | | | .00 |
| 13. All pensions and annuities. | | | | | .00 |
| 14. Interest and dividend income. | | | | | .00 |
| 15. Profit from business and/or farming and capital gain.
If less than zero, enter 0. | | | | | .00 |
| 16. Money received from others living with you. | | | | | .00 |
| 17. Other income. | | | | | .00 |
| 18. Total household income. Add amounts from lines 8-17. | | | | | .00 |

Please refer to the income schedules on page 3 prior to submitting your claim.

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

Your signature: _____

Date: _____

Return this form to your county treasurer on or before June 1, 2022, or, if the treasurer has extended the filing deadline, on or before September 30, 2022. The Director of Revenue may extend the filing deadline through December 31, 2023, for good cause. You may be contacted for additional information.