

https://tax.iowa.gov

NAME AND ADDRESS:

- Complete using blue or black ink only. Do not use pencil.
- Incomplete claims will delay processing. You may be contacted for additional information.
- Married couples living together are considered one household and can file only one claim, combining both incomes. If you do not live together, you may file separate claims.

Prin	t your last name, first name	
Birt	thdate (MMDDYYYY): SSN:	
Prin	t spouse last name, first name	
Bir	thdate (MMDDYYYY): SSN:	
Curr	ent mailing address (Include unit number):	
City:	,	
_	IS ELIGIBLE:	
	Were you (or your spouse) born before 1954?	No
2.	Were you (or your spouse) born between 1954 and 2000 and totally disabled? Yes Include a copy of your letter that shows you are disabled from the Social	No
	Security Administration, Veterans Administration, your doctor, or Form SSA-1099.	
	If you answered "no" to both questions 1 and 2, STOP ; YOU DO NOT QUALIFY.	
3.	Did you live in Iowa during 2018? If "no," STOP ; YOU DO NOT QUALIFY Yes	No 🗌
4.	Do you currently live in Iowa? If "no," STOP ; YOU DO NOT QUALIFY Yes	No
	AL ANNUAL HOUSEHOLD BENEFITS AND INCOME: (for you and your spouse even if not report	ed for
	ndividual income tax purposes) HUD, Section 8, and any portion of rent or utilities paid for you	.00
6.	If you lived in a nursing home or care facility, contact the administrator for amount to enter on	.00
7	line 6. Or, enter 20% of benefits if living in a nursing home or 40% if living in a care facility. Gross Social Security income. Include SSI and Medicare premium withheld	.00
_		
8.	Gross disability income. Include SSDI, VA, and Railroad. Provide proof of disability	.00
	Wages, salaries, unemployment compensation, etc,	.00
10.	All pension, IRA, and annuity income. Include military retirement pay,	.00
11.	Interest and dividend income, , , , , , , , , , , , , , , , ,	.00
12.	Profit from business/farming/capital gain	.00
13.	Cash or checks received from others living with you.	.00
14.	Other benefits and income,	.00
	Include child support, alimony, FIP, children's SSI, welfare payments, gambling, etc.	
15.	Total annual household benefits and income. Add lines 5 through 14	.00
	Is line 15 \$23,216 or more?	
	If yes, STOP ; YOU DO NOT QUALIFY.	



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2018 Iowa Rent Reimbursement Claim. Page 2

REN	TAL INFORM	MATION: C	complete the	Statement o		if you liv		than on	e place.	
16.	Did you live	in a Nursir	ng Home or C	Care Facility?	lf yes, report Ti	tle 19 benef	fits on line 6.	Yes	No 🗌	
17.	Rental Address. (The location where you lived must be subject to property tax. You are not eligible for rent reimbursement if the location or nursing home was not subject to property tax.)									
	Dates you re	ented in 20	18 (MMDDY	Y): from			to			
	Total low	a rent you	paid at this lo	ocation				,	.00	
	Street (Po	O Box not a	allowed):							
	City:					State:		ZIP:		
	Landlord or Name:	•				Phone N	lumber: ()		
	City:					State:		ZIP:		
	If you lived i	n more tha	n one location	n, complete t	he Statemen	t of Rent	paid for all	other loca	ations.	
18.	Total Iowa r	ent you pa	id in 2018. A	dd rent for all	locations			, .	.00	
HIS	SECTION O	PTIONAL	Complete li	nes 19 to 21 b	elow, or allo	w the dep	artment to	compute	for you.	
19.	Rent eligible	for reimbu	ırsement. Mu	ıltiply line 18 k	oy 0 . 23, ent	er result	t	,	.00	
If m	ore than 1,00	00, enter 1	,000. Examp	le: if line 18 =	3,900, multip	oly 3,900	x 0.23 = E	nter 897	on line 19	
20.	Select rate fr	om table b	elow based	on total benef	its and incom	ne on line	15: X			
	\$11,960 - \$13,367 -	\$13,366.99 \$14,773.99	9 enter <i>?</i> 9 enter (9 enter (9 enter ().85).70	\$17,588 - \$20,402 - \$23,216 or	\$23,215.	99 en	ter 0.25	ualify.	
21.	Estimated re	eimbursem	ent. Multiply	line 19 by line	20			,	.00	
				7 by 0.70 = 62						
	CT DEPOSI ceive direct of			sement to you	r account, co	omplete lir	nes A and E	3.		
A.	Routing Nu	ımber:				Type: (Checking	Savi	ings	
В.	Account No	umber:								
				ave reviewed			aim.	· ·	and belief	
You	r signature:				Date:		If decease date of de	•		
							If decease	ed.		
Spo	use signature	e:			Date:		date of de	eath:		
You	r Phone Num	ber: ()		Prepa	arer Phone N	lumber :(_)			
Prep	arer Name:_			Preparer si	gnature:			_Date:		
	to: Rent Rei	mburseme	nt, Iowa Dep	nd proof of ren artment of Re risit https://tax	venue, PO E				306-0459.	

