

Complete this form if you lived in more than one location. Use as many sheets as necessary. Submit a copy along with your Iowa Rent Reimbursement claim and proof of rent paid for each location. 

Your last name, first name: \_\_\_\_\_

Your Social Security Number:

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 rented** (MMDDYY): from  to

Total Iowa rent you paid at this location .....  ,  .00

Street (PO Box not allowed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord or nursing home:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Dates you rented** (MMDDYY): from  to

Total Iowa rent you paid at this location .....  ,  .00

Street (PO Box not allowed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord or nursing home:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Dates you rented** (MMDDYY): from  to

Total Iowa rent you paid at this location .....  ,  .00

Street (PO Box not allowed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord or nursing home:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



\*1754132019999\*