

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.

Print your last name, first name _____

Birthdate (MMDDYYYY): SSN:

Print spouse last name, first name _____

Birthdate (MMDDYYYY): SSN:

Current mailing address (Include unit number): _____

City: _____ State: _____ ZIP: _____

WHO IS ELIGIBLE:

1. Were you (or your spouse) born before 1955? Yes No
2. Were you (or your spouse) born between 1955 and 2001 and totally disabled? Yes No
Include a **copy** of your letter that shows you are disabled from the Social 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 2019? 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

TOTAL ANNUAL HOUSEHOLD BENEFITS AND INCOME:

For you and your spouse even if not reported for Iowa individual income tax purposes. Send proof of income.

5. HUD, Section 8, and any portion of rent or utilities paid for you. , .00
6. Title 19 Benefits for housing only. , .00
If you lived in a nursing home or care facility, contact the administrator for amount to enter on line 6. Or, enter 20% of benefits if living in a nursing home or 40% if living in a care facility.
7. 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
9. 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 \$23,810 or more?
If yes, **STOP; YOU DO NOT QUALIFY.**



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RENTAL INFORMATION: Complete the Statement of Rent Paid if you lived in more than one place.

16. Did you live in a Nursing Home or Care Facility? If yes, report Title 19 benefits 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 rented in 2019 (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: _____

If you lived in more than one location, complete the Statement of Rent paid for all other locations.

18. Total Iowa rent you paid in 2019. Add rent for all locations..... , .00

THIS SECTION OPTIONAL: Complete lines 19 to 21 below, or allow the department to compute for you.

19. Rent eligible for reimbursement. Multiply line 18 by 0.23, enter result. , .00

If more than 1,000, enter 1,000. Example: if line 18 = 3,900, multiply 3,900 x 0.23 = Enter 897 on line 19

20. Select rate from table below based on total benefits and income on line 15: X .

\$0.00 - \$12,265.99	enter 1.00	\$18,038 - \$20,923.99	enter 0.35
\$12,266 - \$13,708.99	enter 0.85	\$20,924 - \$23,809.99	enter 0.25
\$13,709 - \$15,151.99	enter 0.70	\$23,810 or greater....STOP; you do not qualify.	
\$15,152 - \$18,037.99	enter 0.50		

21. Estimated reimbursement. Multiply line 19 by line 20. , .00

Example: line 19 = 897, multiply 897 by 0.70 = 628, enter on line 21.

DIRECT DEPOSIT INFORMATION:

To receive direct deposit of your reimbursement to your account, complete lines A and B.

A. Routing Number: Type: Checking Savings

B. Account Number:

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: _____ If deceased, date of death: _____

Spouse signature: _____ Date: _____ If deceased, date of death: _____

Your Phone Number: (____) _____ Preparer Phone Number: (____) _____

Preparer Name: _____ Preparer signature: _____ Date: _____

► **Include proof of income and rent paid. If under 65, also include proof of disability.**

Mail to: Rent Reimbursement, Iowa Department of Revenue, PO Box 10459, Des Moines, IA 50306-0459.

To check the status of a refund visit <https://tax.iowa.gov> or call 1-800-572-3944.



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