



Iowa Department of Health and Human Services
Rent Reimbursement Application

This form is to apply for Rent Reimbursement for the calendar year 2021.

Program Eligibility

- People who were at least 65 years old
- People who were 18 years or older and totally disabled

Program Requirements

- Must currently live in Iowa
- Rented in Iowa in the past calendar year
- Total household annual income is less than \$24,354 (includes a spouse living in the same home)
- Place rented was subject to property taxes

Your Information

Legal First Name	Legal Last Name	Phone number	
Social security number		Birth date (MM/DD/YYYY)	
Gender (as listed on official government document; this will be used to help verify identity) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Where you live now	City	State	ZIP code
Mailing address if different:	City	State	ZIP code
Email address			

Your Spouse's Information

Legal First Name	Legal Last Name	Phone number	
Social security number		Birth date (MM/DD/YYYY)	
Gender (as listed on official government document; this will be used to help verify identity) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Do you and your spouse live together? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Eligibility

- | | |
|---|--|
| 1. Do you currently live in Iowa?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Did you rent in Iowa in 2021?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

If you answered "No" to either question 1 or 2, you do **not** qualify for Rent Reimbursement.

- | | |
|--|---|
| 3. Were you or your spouse born before 1957?
<input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Were you or your spouse born between 1957 and 2003, and are totally disabled?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

If you answered "No" to both question 3 and 4, you do not qualify for Rent Reimbursement.

Total Calendar Year 2021 Annual Household Income

Answer these questions for you and your spouse, even if you did not report the benefit amounts for Iowa individual income tax purposes. Submit proof of income with your application.

Income

1. Annual Social Security benefits such as retirement, disability, survivor or Supplemental Security Income (SSI)	\$	.00
2. Annual disability benefits, for example VA or Railroad.	\$	.00
3. Income received in 2021 from wages or self-employment	\$	.00
4. Unemployment	\$	.00
5. Child support, Children's Supplemental Security Income (SSI) or alimony	\$	.00
6. Total Title 19 benefits for nursing home or care facility. You previously entered 20% of that amount. We will calculate that amount for you now.	\$	.00
7. Pension, military retirement, IRA, or annuity	\$	.00
8. Family Investment Program (FIP) payments	\$	.00
9. Cash or checks from others living with you	\$	.00
10. Other: interest or dividend income, profit from business, capital gains, or gambling	\$	.00
11. Total HUD, Section 8, or other assistance paid in 2021 for your rent or utilities.	\$	.00

Rental Information

Submit proof of any rent paid with your application.

Location Information

Dates you rented in the application year (MM/DD/YYYY)			
Start		Stop	
How much total rent did you pay at this location during the time period above? (Not including deposit or utilities)			\$.00
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code

If you lived in more than one location, use page 4 to add all of your rental locations for all of 2021.

Direct Deposit Information

If you want your rent reimbursement to be directly deposited, fill out the boxes below. If you do not select direct deposit, you will receive a paper check.

Type of account you would like to use	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number		
Account Number		

Verification

Ensure that proof of disability and rent paid documents are included.

Make sure you send in documents proving income, rent paid and disability (if needed) with this application. **Do not send originals** as they will not be returned.

Proof of disability – if you are applying and are under the age of 65

If you are under 65 and disabled, you need paperwork that proves you are totally disabled. For example, you could provide one of the following:

- SSA 1099 form showing your name
- VA Disability Award Letter

Proof of Income

For any money you earned or received, provide documentation that shows how much you got. For example, you could provide one of the following:

- Social Security Statements
- Pay stubs
- W-2
- Cashed checks
- HUD or Section 8 award letter

Proof of Rent Paid

For each place you rented in calendar year 2021, you will need to show how much rent you paid. For example, you could provide one of the following:

- HHS Form Number 470-5713, *Rent Reimbursement Landlord Rent Verification*
- Copy of lease showing rent amount
- Rent receipts or canceled checks from each month
- A ledger from the rental office
- Signed letter from your landlord with rent paid. (Include their name, address & phone number)

Mail to:

Iowa Department of Human Services
Imaging Center 5
P.O. Box 41130
Des Moines, IA 50311-0500

Signature

I declare under penalty 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
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If deceased, date of death (MM/DD/YYYY)

Spouse Signature (optional)	Date
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If deceased, date of death (MM/DD/YYYY)

Preparer Signature	Date
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Preparer Name	Preparer Phone Number
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Additional Locations

Complete this form if you lived in more than one location in 2021.

Use as many copies of this page as necessary and submit with your 2021 Rent Reimbursement Application form. You must include documents that prove rent paid for each location.

Name	Phone number
Social security number	Birth date (MM/DD/YYYY)

Location Information

Dates you rented in the application year Start _____ Stop _____			
How much total rent did you pay at this location during the time period above? (Not including deposit or utilities)		\$	.00
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code

Location Information

Dates you rented in the application year Start _____ Stop _____			
How much total rent did you pay at this location during the time period above? (Not including deposit or utilities)		\$	.00
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code

Location Information

Dates you rented in the application year Start _____ Stop _____			
How much total rent did you pay at this location during the time period above? (Not including deposit or utilities)		\$	.00
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code