



Application for Disabled Veteran's Homestead Tax Credit

Iowa Code Section 425.15

Current decision letter and notification showing 100% disabled required. Permanent 100% disabled do not need to reapply annually.

Temporary 100% disabled as of July 1 must reapply annually

Iowa assessors' addresses can be found at the **Iowa State Association of Assessors website**.

Applicant Contact Information

PLEASE PRINT

Name: _____ Phone Number _____

Title: _____ eMail: _____

Jurisdiction: _____ Taxing District: _____

I _____ swear or affirm that I am the owner of the following homestead property described legally as: _____

Address: _____

Check one and attach a copy of the letter from U.S. Department of Veteran Affairs indicating applicant meets eligibility requirements pursuant to Iowa Code Section 425.15.

- ☐ I am a veteran who acquired the property under the provision of United States code 38 U.S.C §21.801, §21.802 OR 38 U.S.C §2101, §2102.
- ☐ I am a veteran as defined in Iowa Code Section 35.1 with a service-connected disability rating of one hundred percent.
- ☐ I am a former member of the National Guard of any state who otherwise meets the service requirements of Iowa Code section 35.1 subsection 2, paragraph "b", subsection (2) or (7), with a service-connected disability rating of one hundred percent.
- ☐ I am a surviving spouse or child who is receiving dependency and indemnity compensation pursuant to 38 U.S.C §1301 et seg.

I have not and will not claim during this calendar year, a military service tax exemption on any property located in Iowa.

Note: Any person making a false claim for credit or any persons who together act with fraudulent intent to obtain this credit shall be guilty of a fraudulent practice.

Date property was acquired: _____ Method acquired: ☐ Deed ☐ Contract ☐ Other _____
(Explain)

Applicant's Signature: _____ **Date:** _____

I certify that a smoke detector meeting the requirement of Iowa Code section 100.18

- ☐ has been installed **OR**
- ☐ will be installed within thirty days of the filing of this application.

Signed: _____ **Date:** _____

Written notification must be given to the assessor upon conveyance of this property or its discontinued used as your homestead.

Assessor Use Only

I recommend that this application be ☐ allowed ☐ disallowed ☐ permanent ☐ temporary

Signed: _____ **Date:** _____

Assessor (or authorized representative)

Parcel Number: _____

Board of Supervisors Use Only

Credit ☐ Allowed ☐ Disallowed

Signed: _____ **Date:** _____

Representative of the Board of Supervisors