



2013 Iowa Rent Reimbursement Claim

for Elderly or Disabled File on or before June 1, 2014

Your Last Name	Your First Name	Your Social Security Number	Your Birth Date Month Day Year		
Spouse's Last Name	Spouse's First Name	Spouse's Social Security Number	Spouse's Birth Date Month Day Year		
Your Current Mailing Address (Street, Apt #, Lot #, Suite #)			City, State, ZIP		Do not write in this space. ▲
Your Rental Address in 2013 (PO Box not allowed) Street, Apt #, Lot #, Suite #			City, State, ZIP		

- Were you (or your spouse) born **before** 1949? YES NO
 - Are you (or your spouse) totally disabled **AND** born between 1949 and 1995? YES NO
- (Attach a copy of letter from Social Security Administration, Veterans Administration, your doctor, or Form SSA-1099.)**
- Note: If you answered "no" to questions 1 and 2 STOP, you don't qualify.**
- Did you live in Iowa during 2013? If "No", STOP; no reimbursement allowed. YES NO ▲
 - Do you currently live in Iowa? If "No", STOP; no reimbursement allowed. YES NO ▲
 - Were you in a nursing home or care facility during 2013? YES NO ▲

Total Household Income (for you and your spouse) for entire year Use Whole Dollars Only

A. Wages, salaries, unemployment compensation, etc.	_____	<input type="text"/>	.	<input type="text"/>
B. HUD, Section 8, and any portion of rent or utilities paid for you.	_____	<input type="text"/>	.	<input type="text"/>
C. Title 19 Benefits for housing only.	_____	<input type="text"/>	.	<input type="text"/>
D. Social Security income (including SSI and Medicare premiums withheld).	_____	<input type="text"/>	.	<input type="text"/>
E. Disability income (include SSDI, VA, Railroad). (Attach proof of disability.)	_____	<input type="text"/>	.	<input type="text"/>
F. All pensions and annuity income.	_____	<input type="text"/>	.	<input type="text"/>
G. Interest and dividend income.	_____	<input type="text"/>	.	<input type="text"/>
H. Profit from business/farming/capital gain.	_____	<input type="text"/>	.	<input type="text"/>
I. Cash or checks received from others.	_____	<input type="text"/>	.	<input type="text"/>
J. Other Income (child support, alimony, FIP, children's SSI, welfare payments, gambling, etc).	_____	<input type="text"/>	.	<input type="text"/>
K. ADD amounts on lines A through J. This is your total household income.	_____	<input type="text"/>	.	<input type="text"/>

Is Line K \$21,698 or greater? If yes, ; no rent reimbursement is allowed. If Line K is less than \$21,698, continue to line 6.

6. Time you rented, from _____, 2013 to _____, 2013.

7. Total Iowa rent you paid in 2013 _____ . | |▲

8. Name of apartment building, nursing home, or care facility: _____

The owner of the place you rent must pay property tax. Landlord's Name: _____

Landlord's Address: _____ Phone: (____) _____

The rent reimbursement amount will be calculated for you. To calculate your reimbursement, continue on the back.

I have reviewed this claim and believe it is correct and complete.

Sign Here

Your signature (or legal representative) Spouse Signature Date Daytime Phone

Preparer's Signature _____ Phone _____ Mail to: Rent Reimbursement, Iowa Department of Revenue
PO Box 10459, Des Moines, IA 50306-0459

Enclose proof of disability.

