

- Complete using blue or black ink only. Do not use pencil.
- 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. Other persons living together who qualify for a reimbursement may each file a claim based on their income and share of rent paid.

NAME AND ADDRESS:

Print your last name, first name SSN: Birthdate (MMDDYYYY): Print spouse last name, first name SSN: Birthdate (MMDDYYYY): Current mailing address (Include Apt, Lot, or Suite): State: ZIP: City: WHO IS ELIGIBLE: No 2. Were you (or your spouse) born between 1952 and 1998 and totally disabled? Yes No Proof of disability must be included with your claim. Include a **copy** of letter from 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. No No TOTAL HOUSEHOLD BENEFITS AND INCOME FOR THE ENTIRE YEAR for you and your spouse: 5. HUD, Section 8, and any portion of rent or utilities paid for you00 Title 19 Benefits for housing only00 6. 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. Social Security income. Include SSI and Medicare premium withheld00 8. Disability income. Include SSDI, VA, and Railroad. Provide proof of disability00 9. Wages, salaries, unemployment compensation, etc..... .00 10. All pensions 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 you00 14 Other benefits and income..... .00 Include child support, alimony, FIP, children's SSI, welfare payments, gambling, etc. .00 15. Total household benefits and income. Add amounts on lines 5 through lines 14

Is line 15 \$22,584 or more? If yes, STOP; YOU DO NOT QUALIFY.



		2	2016 Iowa Rent Reimbursement Claim						
REN.	FAL INFORMATION Complete the Statement	t of Reni	Paid if	vou li	ved in	more	than	Pag one r	•
	Did you live in a Nursing Home or Care Facility			you n	veu m	more	Yes		No 🗌
17.	Dates you rented in 2016 (MMDDYY): f	rom				to			
	lowa rent you paid at this location],		.00
18.	 Rental Address (PO Box not allowed). The location where you lived must be subject to property tax. Street (include Apt, Lot, or Suite):								
	City:		Sta	ate:		Z	IP:		
	Landlord or Nursing Home Name:								
	Landlord or Nursing Home Address, City, Stat								
21.	Landlord or Nursing Home phone number: ()				-			
22.	Total lowa rent you paid in 2016 for all location	ns					,		.00
THIS	SECTION OPTIONAL:					_			_
lf m	Rent allowed for reimbursement. Multiply line 22 ore than 1000, enter 1000. Example: if line 22 Select rate from table below based on total ber	= 3,900,	multiply	[,] 3,900	x 0.23			7 on l	.00 ine 23
	\$0.00 \$11,633.99 enter 1.00 \$11,634- \$13,002.99 enter 0.85 \$13,003- \$14,371.99 enter 0.70 \$14,372- \$17,108.99 enter 0.50	\$19,	109 - 5 847 - 5 584 or g	\$22,58	3.99	en	ter 0.2	5	alify.
25.	Estimated reimbursement. Multiply line 23 by Example: line 23 = 897, multiply 897 by 0.70 =						3		.00
	CT DEPOSIT INFORMATION:								
	ceive direct deposit of your reimbursement to y			•				N	
Α.	Will the refund be deposited into an account	outside (_				'es	N	
В. С.	Routing Number: Account Number:			Туре:	Chec	king		Saving	gs
l deo	clare under penalty of perjury that I have review true, correct, and complete.	ed this c	aim and	d to the	best o	of my k	nowle	dge a	ind belief
You	signature:	Da	te:		dat	leceas e of d	eath:		
Spo	use signature:	Da	te:			eceas			
	mant Phone Number: ()								
	parer Name: Preparer								
	to: Rent Reimbursement, Iowa Department of Allow 3 months for processing. You may be To check the status of a refund visit https://t	Revenue contacte	e, PO Bo ed for ac	ox 104 dditiona call 1-8	59, De al infor 00-572	s Moir matior 2-3944	n. I.		06-0459.

