



Historic Property Rehabilitation Tax Exemption Application

Number _____

(To be filed with the assessor of the assessing Jurisdiction by February 1 of the assessment year.)

Legal Description: _____

Address of Property: _____

Titleholder or contract buyer: _____

Address: (If different than above) _____

Existing property use: Ag Res Com Ind

Additional property tax relief or financial assistance

Allowed: No _____ Yes _____ (Attach documentation, if yes.)

Estimated Completion Date: _____ Cost: _____

Attach any plans or blueprints. Include documents previously filed and approved by State Historical Office.
The owners of the above property do hereby make application for the Historic Property Rehabilitation Tax Exemption in accordance with the provisions of Iowa Code section 427.16.

I declare under penalty of perjury that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct, and complete.

_____ (_____) _____
Date Telephone Number Claimant's Signature

To Be Completed By The Assessor

Application received: _____
Priority assigned: 1 2 3 4
Dist. _____ Map _____ Parcel _____
I hereby certify that the above property is eligible to receive the tax exemption as provided by Iowa Code section 427.16.
_____ Assessor
Annual report of exemptions to be sent to County Auditor by 7/1 each year.