

This application must be filed with your city or county assessor by July 1 of the year for which the credit is claimed. Iowa assessors' addresses can be found at the **Iowa State Association of Assessors Web site**.

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

I became the owner of the homestead on: \_\_\_\_\_

- by deed
- by contract
- by inheritance
- other

Evidence of ownership on file as shown in Book No. \_\_\_\_\_ , Page \_\_\_\_\_ .

I began to occupy this homestead on \_\_\_\_\_ and will occupy the dwelling house, in good faith, on July 1 and for at least six months during that calendar year, or I am confined in a nursing home, extend-care facility, or hospital and the homestead is maintained and not leased or rented, or I am on active duty in the military.

I declare residency in Iowa for purposes of income taxation and that no other application for homestead credit has been filed on other property.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 100.18 and 661 Iowa Administrative Code chapter 210

- 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 use as your homestead.**

**Assessor or Authorized Representative**

I recommend that the application be:  allowed  disallowed.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Supervisors**

allowed  disallowed

Date: \_\_\_\_\_