Iowa Department of Revenue
www.iowa.gov/tax

2012 Iowa Rent Reimbursement Claim

for Elderly or Disabled

File by June 1, 2013

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
Your Rental Address in 2012 (**PO Box not allowed**)	Street, Apt #, Lot #, Suite #		City, State, ZIP

1. Were you (or your spouse) born ***before*** 1948? _____ YES ☐ NO ☐
2. Are you (or your spouse) totally disabled ***AND*** born between 1994 and 1948? _____ 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 you don't qualify.

3. Did you live in Iowa during 2012? If "No", STOP; no reimbursement allowed. _____ YES ☐ NO ☐ ▲
4. Do you currently live in Iowa? If "No", STOP; no reimbursement allowed. _____ YES ☐ NO ☐ ▲
5. Were you in a nursing home or care facility during 2012? _____ YES ☐ NO ☐ ▲

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

A. Wages, salaries, unemployment compensation, etc. _____ ☐☐,☐☐☐.00

B. HUD, Section 8, and any portion of rent or utilities paid for you. _____ ☐☐,☐☐☐.00

C. Title 19 Benefits for housing only. _____ ☐☐,☐☐☐.00

D. Social Security income (including Social Security disability and Medicare premiums withheld). ____ ☐☐,☐☐☐.00

E. Disability income (include SSI, VA, Railroad). _____ ☐☐,☐☐☐.00

F. All pensions and annuity income. _____ ☐☐,☐☐☐.00

G. Interest and dividend income. _____ ☐☐,☐☐☐.00

H. Profit from business/farming/capital gain. _____ ☐☐,☐☐☐.00

I. Cash or checks received from others living with you. _____ ☐☐,☐☐☐.00

J. Other Income (child support, alimony, FIP, welfare payments, gambling, etc). _____ ☐☐,☐☐☐.00

K. ADD amounts on lines A through J. This is your total household income. _____ ☐☐,☐☐☐.00 ▲

Is Line K $21,335 or greater? If yes, STOP; no rent reimbursement is allowed. If Line K is less than $21,335, continue to line 6.

6. Time you rented, from _____,2012 to_____,2012.
7. Total Iowa rent you paid in 2012 _____ ☐☐,☐☐☐.00 ▲
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

Check on refund: 1-800-572-3944 **Allow 3 months for processing.**

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Enclose proof of disability.

Reimbursement Amount

If you would like to compute the rent reimbursement amount, complete the worksheet below. If you would like the Department to compute the rent reimbursement for you, leave the worksheet below blank.

a. Total household income from line K (front page) ____ $ ☐☐,☐☐☐.00

Is Line K (front page) $21,335 or greater? If yes STOP; no reimbursement is allowed.

b. Enter total rent you paid from line 7. _____ $ ☐☐,☐☐☐.00

c. Allowable percentage _____ _____ X **.23**

d. Rent allowed for reimbursement. Multiply line b _____ $ ☐,☐☐☐.00
by line c (can't be more than $1,000)
(example: if line b = 500, multiply 500 X.23 = 115)
NOTE: If more than $1,000, enter $1,000 on line d.

e. Select rate from table below based on your income from line a above:

$ 0.00	-	$10,990.99 ..... enter **1.00**	
$10,991	-	$12,283.99 ..... enter **0.85**	X ☐.☐☐
$12,284	-	$13,576.99 ..... enter **0.70**	
$13,577	-	$16,162.99 ..... enter **0.50**	
$16,163	-	$18,748.99 ..... enter **0.35**	
$18,749	-	$21,334.99 ..... enter **0.25**	

$21,335 or greater ..... STOP. No reimbursement allowed

f. Estimated reimbursement. Multiply line d by line e. ____ $ ☐,☐☐☐.00 ▲
(example: line d = 115, multiply 115 by .70 = 81)
This amount cannot be more than $1,000.00.

WHO IS ELIGIBLE?

1. You lived in Iowa all or part of 2012, and live in Iowa now, **and**
2. Your household income is less than $21,335, **and**
3. The rental unit you lived in is subject to property tax, **and**
4. You (or your spouse) were born before 1948, **or**
5. You (or your spouse) were age 18 to 64 as of December 31, 2012 and totally disabled. Totally disabled means you are unable to get a job paying more than $1,010 per month due to a physical or mental disability which has lasted, or is expected to last for at least one year. **Proof of disability must be attached to your claim.**

Married couples living together are considered one household and can file only one claim, combining both incomes. If they do not live together, they 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.

If you lived in a nursing home or care facility, contact the administrator for the amount to enter on line C, Title 19 benefits. Or, enter 20% of benefits if living in a nursing home, or 40% if living in a care facility.

FILING TIPS

- Complete and sign rent reimbursement form
- With your claim, send proof of disability (copy of letter from Social Security, VA, or your doctor)
- To see a list of locations offering assistance with this form, please see our Web site at www.iowa.gov/tax

Check on refund: 1-800-572-3944 **Allow 3 months for processing.**