

This is through the Assessor's Office - Any Questions call the Assessor: 712-527-4883 Parcel number and book and Page can be found on the Beacon website: https://beacon.schneidercorp.com

IDR Announces: Homestead Tax Exemption for Claimants 65 Years of Age or Older

Monday - 05/15/2023

On May 4, 2023, Governor Reynolds signed <u>House File 718</u>, establishing a homestead tax exemption for claimants 65 years of age or older.

In addition to the homestead tax credit, eligible claimants who own the home they live in and are 65 years of age or older on or before January 1 of the assessment year are now eligible for a homestead tax exemption. For the assessment year beginning on January 1, 2023, the exemption is for \$3,250 of taxable value. For assessment years beginning on or after January 1, 2024, the exemption is for \$6,500 of taxable value. An exemption is a reduction in the taxable value of the property rather than a direct reduction in the amount of property tax you pay.

The Iowa Department of Revenue has amended the <u>Homestead Tax Credit and Exemption (54-028)</u> to allow claimants to apply for the new exemption. Applications are due July 1 to your local assessor. If the exemption is granted, the exemption will be allowed for future years without future filing as long as the claimant continues to qualify.

To receive notifications of resources and guidance issued by the Department, <u>subscribe</u> to updates by selecting the tax topics of interest.

Source URL: https://tax.iowa.gov/idr-announces-homestead-tax-exemption-claimants-65-years-age-or-older



Homestead Tax Credit and Exemption

lowa Code chapter 425 and Iowa Administrative Code rule 701—110.1

This application must be filed or postmarked to your city or county assessor on or before July 1 of the year in which the credit or exemption is first claimed. Upon filing and allowance of the claim, the claim is allowed on that homestead for successive years without further filing as long as the person qualifies for the homestead credit or exemption. A claim filed after July 1 of the year for which the person is claiming the credit or exemption shall be considered a claim filed for the following year. Contact information for all assessors can be found at the Iowa State Association of Assessors website: iowa-assessors.org

		Print propert	ty information		
Parcel number:	***************************************	Owne	f:		
Owner Birthdate*: older may claim a l				r 2023, claimants agec ad credit.	d 65 years or
Property location a	ddress:				Marriago Mila,
City:			State:	ZIP:	
				ZIP:	
			Number of acres:		
Phone:		Email:			
Type of ownership	(check one):	deed: □	contract: □	inheritance: □	other: □
Evidence of owners	ship on file in l	book/page or instr	rument number:		
dwelling house, in	good faith, on ng home, exte	July 1 and for at ended-care facility	least six months , or hospital and	and will during that calendar y the homestead is ma	/ear, or I am
I declare residency credit or exemption				no other application fo	or homestead
Previous address:		- W	WATER AND THE STREET		·
City:		- was a superior of	State:	ZIP:	70120 273 184 184
Do you still own the	e previous add	lress?			
Yes □	No □	If Yes, is the pro	perty for sale □	or rent □?	
Was this property Marriage)?	part of a dis	tribution made pu	ursuant to Iowa (Code chapter 598 (D	issolution of
Yes □	No □				

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I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 100.18 and Iowa Administrative Code chapter 661—210:
has been installed: \Box or will be installed within 30 days of filing this application: \Box
This homestead contains a fuel-fired heater or appliance, a fireplace, or an attached garage:
Yes □ No □
If Yes, I certify that a carbon monoxide alarm meeting the requirements of Iowa Code section 100.18:
has been installed: \Box or will be installed within 30 days of filing this application: \Box
I was 65 years old or older on or before January 1 of the year of this application and I am claiming the homestead exemption.
Yes □ No □
I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and, to the best of my knowledge and belief, it is true, correct, and complete.
Signature: Date:
Written notification must be given to the assessor upon conveyance of this property or its discontinued use as your homestead. ASSESSOR USE ONLY
Assessor or authorized representative:
Parcel number:
I recommend that the application for credit be: Allowed: \Box Disallowed: \Box
If the claimant is claiming the homestead exemption, I recommend that the application for exemption be Allowed: \Box Disallowed: \Box
If the assessor recommends disallowance, provide reasons for the recommendation below:
Signature: Date:
Board of supervisors: Allowed: □ Disallowed: □
Signature: Date: