Iowa Department of Revenue
www.iowa.gov/tax

Iowa Rent Reimbursement Claim

2011 to be filed in 2012 — **for Elderly or Disabled Persons**

Claimant's Last Name	First Name	Claimant's Social Security Number	Claimant's Birth Date Month Day Year	County Number
		/ /	/ /	
Spouse's Last Name	**First Name**	**Spouse's Social Security Number**	**Spouse's Birth Date Month Day Year**	
		/ /	/ /	

Current Mailing Address	2011 Rental Street Address	Do not write in this space.
Apt#, Lot#, Suite#, PO Box	Apt#, Lot#, Suite#	
City, State, ZIP	City, State, ZIP	▲

Answer These Questions To Determine Eligibility:

1. Were you 65 or older as of 12/31/2011? _____ YES ☐ NO ☐
2. Were you totally disabled and age 18 to 64 as of 12/31/2011? _____ YES ☐ NO ☐
   - If you answered "NO" to BOTH questions above (1 and 2), **STOP.** You do not qualify.
   - If you answered "NO" to 1 and "YES" to 2, you **must** attach current written proof of your disability.
3. Were you a resident of Iowa during any part of 2011? _____ YES ☐ NO ☐ ▲
   - If "NO," **STOP.** You do not qualify.
4. Do you **presently** live in Iowa? _____ YES ☐ NO ☐ ▲
   - If "NO," **STOP.** You do not qualify.
5. Were you a resident of a nursing home or care facility during 2011? _____ YES ☐ NO ☐ ▲

For line 6, you must complete the worksheet on page 2 of this form. Use Whole Dollars Only

6. Total household income for 2011 from line K, page 2. _____ ☐☐,☐☐☐.00 ▲
7. Rental period in Iowa from_____, 2011, to_____, 2011.
8. Total rent paid in Iowa for 2011. _____ ☐☐,☐☐☐.00 ▲
9. The allowable percentage rate is 23% . _____ X .23
10. Multiply line 8 by line 9 and enter here. ____ **(cannot be more than $1,000)** ☐,☐☐☐.00
11. Reimbursement rate from the table on page 2. _____ X ☐.☐☐
12. Multiply line 10 by line 11. This is your reimbursement amount. _____ ☐,☐☐☐.00 ▲

13. **You must provide the following rental information:**
    Full name of apartment building, nursing home, or care facility: _____
    Landlord / Administrator or Manager Name: _____ Telephone: (___) _____
    Address: _____
    City, State, ZIP: _____

14. 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.

_____ _____ _____
Claimant's Signature (or legal representative) Date Preparer's Signature (if different than claimant)

(_____) _____ _____ (_____) _____
Claimant's Telephone Number Title if Representative Preparer's Telephone Number

Incomplete claims and errors will delay processing of your reimbursement check.

IT MAY TAKE AS LONG AS 14 WEEKS TO PROCESS YOUR CLAIM.

54-130a (11/01/11)

Iowa Rent Reimbursement Claim page 2

Worksheet for line 6, page 1, below. This worksheet must be completed.

2011 TOTAL YEARLY HOUSEHOLD INCOME: Total household income includes the income of the claimant, the **claimant's spouse** (if living together), rental assistance and any money received from persons living with the claimant. Fill in the yearly total for each amount that you received in 2011 on the worksheet below.

Use Whole Dollars Only

A. Wages, salaries, unemployment compensation, tips, etc.	0 0
B. Rent and utilities assistance (any portion of rent or utilities paid for you).	0 0
C. Title 19 Benefits for housing only. *See instructions.*	0 0
D. Social Security income (retirement or disability).	0 0
E. Disability income (SSI, VA, or Railroad).	0 0
F. All pensions and annuities.	0 0
G. Interest and dividend income.	0 0
H. **Profit** from business and/or farming and capital gain. *See instructions.*	0 0
I. Actual money received from others living with you. *See instructions.*	0 0
J. Other Income (child support, alimony, FIP, welfare payments). *See instructions*	0 0
K. ADD amounts on lines A through J. Enter here and on line 6, page 1.	0 0

Line K is your total household income. If Line K is over $20,905.99, STOP. You do not quality for rent reimbursement.

Reimbursement Rate Table for Line 11, Page 1

If your total household income from line K above is:

$ 0.00	-	$10,769.99	enter **1.00** on line 11, page 1
$10,770	-	$12,036.99	enter **0.85** on line 11, page 1
$12,037	-	$13,303.99	enter **0.70** on line 11, page 1
$13,304	-	$15,837.99	enter **0.50** on line 11, page 1
$15,838	-	$18,371.99	enter **0.35** on line 11, page 1
$18,372	-	$20,905.99	enter **0.25** on line 11, page 1

$20,906 or greater ..... no reimbursement allowed

Mail to: Iowa Department of Revenue
Rent Reimbursement Processing
PO Box 10459
Des Moines IA 50306-0459

Where's My Refund? 515-281-4966 or 800-572-3944 **NOTE: Please allow 14 weeks** after filing before calling to check on your refund.

File this form by June 1, 2012.