



**AN INCOMPLETE FORM WILL DELAY THE PROCESSING OF YOUR CLAIM.
FILE ONLY ONE CLAIM PER YEAR.**

GENERAL INSTRUCTIONS

RENTAL UNIT TAX STATUS: You are **not eligible** for rent reimbursement if the rental unit or nursing home in which you resided was not subject to property tax during 2009. If you are uncertain about the tax status, contact your landlord, administrator, county or city assessor. Only the rent paid during the period of time the property was in a taxable status can be used in computing the reimbursement.

WHO IS ELIGIBLE? The following IOWA RESIDENTS are eligible to file a claim for reimbursement of rent paid **if the total household income is less than \$20,427.**

1. Those 65 years of age or older by December 31, 2009, **or**
2. Those totally disabled and 18 to 64 years of age by December 31, 2009.

NOTE: A claim may be filed on behalf of a deceased person by the person's spouse, attorney, guardian, or administrator.

Married couples, if living together, are considered one household and may file only one claim and must combine their incomes. If they do not live together, they may file separate claims.

If two or more persons live together and qualify for a reimbursement, each person may file a claim based on each person's income and each person's portion of the rent paid.

INSTRUCTIONS FOR PAGE 1

Name and Social Security Number: Enter claimant's name and Social Security Number.

Claimant's Date of Birth: Enter date of birth (month, day, year). If not entered, processing will be delayed.

County Number: Enter the 2-digit county number in which you currently live.

Spouse's Name and Social Security Number: Enter spouse's name and Social Security Number.

Spouse's Date of Birth: Enter date of birth (month, day, year).

Mailing Address: Enter your **current** mailing address. This is where your reimbursement check will be mailed.

Rental Address: Enter the street address, city, state and zip code of the rental unit you lived in during 2009. If you rented at more than one place during 2009, please attach a sheet listing them. **This section must be completed.**

LINE-BY-LINE INSTRUCTIONS

Lines 1 through 14 must be answered completely and correctly.

Line 1: Mark "Yes" if you were 65 or older as of 12/31/2009. Mark "No" if you were not.

Line 2: Mark "Yes" if you are totally disabled and were 18 to 64 as of 12/31/2009. "Totally disabled" means the inability to engage in any substantial gainful employment by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or is reasonably expected to last for a continuous period of not less than 12 months. Current proof of disability **must be attached** to your claim and must be at least one of the following:

1. A **current** statement from the Veteran's Administration that in 2009 you were receiving a 100% disability benefit.
2. A **current** copy of the Social Security Administration document stating the date the disability began.
3. An official **current** letter from your doctor detailing the total disability, its beginning date, and if the disability is permanent or temporary.

NOTE: If the answer is "No" to both lines 1 and 2 above, you do not qualify. **Do not** file a claim.

Line 3: Mark "Yes" if you were a resident of Iowa during any part of 2009. Mark "No" if you were not. If "No," STOP — You do not qualify; do not file a claim.

Line 4: Mark "Yes" if you presently live in Iowa. Mark "No" if you do not. If "No," STOP — You do not qualify; do not file a claim.

Line 5: Mark "Yes" if you were a resident of a nursing home or care facility during 2009. Mark "No" if you were not.

Line 6: First complete the income worksheet on page 2 of the claim, then enter the amount from line K on this line.

Line 7: Enter the dates you rented your dwelling in Iowa in 2009 (month/day).

Line 8: Enter the total rent you paid in Iowa for the calendar year 2009. If you moved during 2009, use only one claim for all rent paid. If a portion of your rent is paid by rent assistance, **enter only the amount you actually paid.** Rent paid to a nursing home or care facility should only include the amount you actually paid for housing alone. The amount covered by Title 19

benefits for housing and paid by the government directly to the nursing home or care facility should not be included in the rental amount on this line.

Line 9: 23% (.23) is already entered. Go to line 10.

Line 10: Multiply line 8 by line 9. Enter this figure or \$1,000, whichever is smaller.

Line 11: From the Reimbursement Rate Table on page 2 of the claim, find your rate using the income figure from line K. Enter this rate in the space provided.

Line 12: Multiply line 10 by line 11 and enter that amount. This is your reimbursement (refund).

Line 13: RENTAL INFORMATION - Print the **name** of your residence, if any. Print your landlord, administrator, or manager's name, telephone number, and address. This information **must** be provided.

Line 14: SIGNATURES - The claim **MUST BE SIGNED** by the claimant or a legal representative. Print the title if a legal representative signs. A preparer, if different than the claimant, must sign. Print the telephone numbers of those who signed.

2009 INCOME CALCULATION FOR PAGE 2

LINE-BY-LINE INSTRUCTIONS

Lines A through K must be answered completely and correctly.

NOTE: If you received a rent reimbursement check in 2009, do not report this as income.

Line A: Wages, salaries, tips, etc. - Enter the total wages, salaries, tips, bonuses, and commissions received in 2009.

Line B: Rent and utilities assistance - Enter any portion of your rent or utilities that was paid for you. Do not include Federal Energy Assistance.

Line C: Title 19 Benefits - Enter your Title 19 benefits for housing only. Do not include medical benefits. If you lived in a nursing home or care facility, **contact the administrator** for the amount to enter, or enter 20% of your benefits if you lived in a nursing home, or 40% if you lived in a care facility.

Line D: Social Security Income - Enter the total Social Security benefits received, even if not reportable for income tax purposes. **Include Social Security disability and any Medicare premiums withheld.**

Line E: Disability - Enter the total received for disability or injury compensation, even if not reportable for income tax purposes. Include SSI, VA, or Railroad amounts.

Line F: ALL pensions and annuities - Enter the total received from pensions and annuities, even if not reportable for income tax purposes.

Line G: Interest and Dividend income - Enter **all** interest income even if it is not reportable for income tax purposes. Enter any taxable dividends and distributions. Include cash dividends and dividends paid in the form of merchandise or other property and report at fair market value.

Line H: Profit from business and/or farming and capital gain - Enter any 2009 **profit** from business and/or farming, and any gain received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for

income tax purposes. **Any loss must be offset against gain, and a net loss must be reported as zero.**

Line I: Monetary contributions - Enter any **money** received from anyone living with you in 2009. Do not include goods and services received.

Line J: Other income - Enter total income received from any of the following sources:

- (1) Child support and alimony payments.
- (2) Welfare payments. Report FIP and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (food, clothing, food stamps, medical supplies, etc.)
- (3) Insurance income not reported elsewhere.
- (4) Gambling, unemployment, and all other income not reported elsewhere.

Line K: TOTAL of Lines A through J - Add lines A through J. Enter here and on page 1, line 6.

NOTE: If the amount on line K is \$20,427 or greater, you are **not** eligible to receive a reimbursement. **Do not** file a claim.

For Assistance:

Call: 800-367-3388 or (515) 281-3114

E-mail: idr@iowa.gov

“Where’s My Refund?”:

Call: 800-572-3944 or (515) 281-4966

Allow 14 weeks before calling

You must provide the claimant's Social Security Number and date of birth when calling.
