HOME

HOMESTEAD TAX CREDIT APPLICATION

We are currently accepting applications for the 2021 Assessment

Qualifications:

- You are a homeowner who occupies your home in Iowa as a permanent residence
- You’re located in Linn County, outside the city limits of Cedar Rapids
- You do not currently have a Homestead credit on your property and aren’t claiming Homestead anywhere else

How to Apply:

1. Apply online on our website

   2. Under "Real Estate Search" enter your property address.
   3. When you are in the parcel that your home is on, next to “Submission” click on “Homestead Tax Credit”
   4. Follow the prompts to electronically send your application to our office

2. Fill out a blank form (see following pages)

3. Call or email our office to receive a form by mail or email

Forms can be returned to our office via mail, the white drop box in front of our building, or via email.

For questions, contact us at 319-892-5220 or assessor@linncounty.org
This application must be filed or postmarked to your city or county assessor by July 1 of the year in which the credit 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. Contact information for all assessors can be found at the Iowa State Association of Assessors website: (www.iowa-assessors.org)

Property Information – Please Print

Parcel number: ________________________________

Owner: ___________________________________________

Property location address: ________________________________________________________________

City: __________________________________________ State: ___________ ZIP: ________________

Property owner mailing address: __________________________________________________________

City: __________________________________________ State: ___________ ZIP: ________________

County: _______________________________________ Number of acres: _________________________

Phone: ______________________________________ Email: ________________________________

Type of ownership (check one):  deed: ☐ contract: ☐ inheritance: ☐ other: ☐

Evidence of ownership on file in Book/Page or Instrument Number: ____________________________

I began to occupy this homestead on this date: ______________________ 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, extended-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.

Previous Address: ____________________________________________________________

City: __________________________________________ State: ___________ ZIP: ________________

Do you still own the previous address?

Yes ☐ No ☐ If Yes, is the property for sale ☐ or rent ☐?

Was this property part of a distribution made pursuant to Iowa Code chapter 598 (Dissolution of Marriage)?

Yes ☐ No ☐

Signature: ________________________________ 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 30 days of filing this application: □

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: □ or □ will be installed within 30 days of filing this application: □

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 be: Allowed: □ Disallowed: □

Signature: ___________________________________________ Date: _______________________

Board of Supervisors:

- Allowed: □ Disapproved: □ Date: _______________________

Signature: ___________________________________________