



**FAILURE TO ENTER ALL INFORMATION WILL  
DELAY YOUR REIMBURSEMENT CHECK.**

**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 2007. 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:** IOWA RESIDENTS are eligible to file a claim for reimbursement of rent paid **if total household income is less than \$19,503 and one of the following applies.**

- 65 years of age or older by December 31, 2007.
- Totally disabled and 18 years of age or older by December 31, 2007.

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

**If two or more persons occupying a single dwelling qualify for a reimbursement, each person may file a claim based on each person's income and each person's rent paid. A husband and wife are considered one household and may file only one claim and must combine their incomes.**

### INSTRUCTIONS FOR SIDE 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, it will delay claim.

**County Number:** Enter the two-digit county number in which you live.

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

**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 or units you lived in during 2007. **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 filed a Rent Reimbursement Claim last year; mark "No" if you did not.

**Line 2:** Mark "Yes" if you are 65 or older or totally disabled and 18 years of age or older. "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. This must be (1) a written statement from your doctor noting the beginning date of disability and if the disability is permanent or temporary, or (2) a copy of the current Social Security Administration document stating the date the disability began, or (3) a current statement from the Veteran's Administration that in 2007 you were receiving a disability benefit due to 100 percent disability. Claims without proper documentation will be denied. Proof of disability is not required if, as of December 31, 2007, you were 65 years of age or older.

**Line 3:** Mark "Yes" if you were a resident of Iowa during any part of 2007.

**Line 4:** Mark "Yes" if you presently live in Iowa. If you are not presently living in Iowa, you are **not** eligible and must mark "No." **STOP!** You do not qualify.

**Line 5:** Mark "Yes" if you were a resident of a nursing home or residential facility during 2007. Mark "No" if you were not.

**Line 6:** Complete the income worksheet on Side 2 of the claim. Enter the amount from Side 2 Line K.

**Line 7:** Enter the dates you rented your dwelling in Iowa.

**Line 8:** Enter the total rent you paid in Iowa for the calendar year 2007. If you moved during 2007 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 and round to the nearest whole dollar.** 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:** Already completed. 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 table on Side 2 of the claim, find your reimbursement rate using the income figure from Side 2 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: RESIDENCE** - Print the name of your residence. Print your landlord's name, telephone number and home address.

**Line 14: SIGNATURES** - The claim **MUST BE SIGNED** by claimant or legal representative.

## 2007 INCOME CALCULATION FOR SIDE 2

Enter the 2007 **combined household income** on the proper lines by completing the worksheet on Side 2 of the claim.

**NOTE:** If you received a rent reimbursement check in 2007, do not report this as income.

**Line A: Wages, salaries, tips, etc.** - Enter the total wages, salaries, tips, bonuses, and commissions received in 2007.

**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** - Do not include medical benefits. Enter your Title 19 benefits for housing only. If you live in a nursing home or care facility, **contact the administrator** for the amount to enter, or enter 20% of your benefits if you live in a nursing home, or 40% if you live 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 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 Social Security Disability on this line.

**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's not reportable for income tax purposes.

Enter 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 gains** - Enter 2007 profit from business and/or farming, and any gains 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 **money** received from anyone living with you in 2007. Do not include goods and services received.

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

(a) Child support and alimony payments.

(b) Welfare payments. Do not include non-cash government assistance (food, clothing, food stamps, medical supplies, etc.). Also do not include Foster Grandparents' stipends.

(c) Insurance income not reported elsewhere.

(d) Other income not reported on Line A through Line I.

**Line K: TOTAL of Lines A through J** - Add Lines A through J. Enter here and on Side 1 Line 6.

**NOTE: IF THIS FIGURE IS \$19,503 OR GREATER, YOU ARE NOT ELIGIBLE TO RECEIVE A REIMBURSEMENT. DO NOT FILE A CLAIM.**

**Please allow 14 weeks for your claim to be processed.**

**For Assistance:**

call 800-367-3388 — outside of Des Moines  
or (515) 281-3114 — Des Moines area or  
outside of Iowa  
E-mail: [idr@iowa.gov](mailto:idr@iowa.gov)

**“Where's My Refund?”:**

call 800-572-3944 — outside of Des Moines  
or (515) 281-4966 — Des Moines area or  
outside of Iowa

***Allow 14 weeks before calling***

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