



## INSTRUCTIONS FOR HOMESTEAD APPLICATION

- ✓ The Homestead Tax Credit application must be delivered to the County Assessor on or before July 1.
- ✓ The Homestead Tax Credit is available to all homeowners who **own and occupy** the residence.
- ✓ It is a one-time only sign up and is valid for as long as you own and occupy the home.
- ✓ Please be sure to include a phone number or email address that you check regularly in case there are questions regarding the application.
- ✓ Please complete all the highlighted fields (sample below), sign, date, and return to the Assessor's office.

**IOWA** To the Assessor's Office of Buena Vista County/City  
**Application for Homestead Tax Credit**  
Iowa Code Section 425

This application must be filed or mailed to your city or county assessor by July 1 of the year in which the credit is first claimed. It must be postmarked by July 1. 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](http://www.iowa-assessors.org)

**Applicant Contact Information – Please Print**

Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ eMail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Property Address of Homestead: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
Legal Description (optional): \_\_\_\_\_  
I became the owner of the homestead on: \_\_\_\_\_  
Check if ownership is: by deed ☐ by contract ☐ by inheritance ☐ or 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: \_\_\_\_\_  
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 568 (Dissolution of Marriage)? Yes ☐ No ☐  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 100.18 and 681 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 ☐  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Written notification must be given to the assessor upon conveyance of this property or its discontinued use as your homestead.  
Assessor or Authorized Representative  
Parcel Number: \_\_\_\_\_ I recommend that the application be: Allowed \_\_\_\_\_ Disallowed \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Board of Supervisors  
Allowed \_\_\_\_\_ Disallowed \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: \_\_\_\_\_

54-028 (01/26/18)

The completed application can be mailed via USPS, emailed, or faxed.

BV County Assessor's Office  
P O Box 148, Storm Lake IA 50588-0148  
Fax: 712-749-2544 ~ [kcroker@bvcountyiowa.com](mailto:kcroker@bvcountyiowa.com)

**You will receive verification after we receive the application.**

If you have any questions please contact the Buena Vista County Assessor's office at 712-749-2543

[Click here to download the Iowa Homestead Tax Credit](#)