Iowa Code section 427.1(21A) and Iowa Administrative Code rule 701—110.19

This application must be filed or postmarked to your city or county assessor on or before February 1. Upon the filing and allowance of the claim, the claim shall be allowed on the property for successive years without further filing as long as the property continues to qualify for the exemption. Contact information for all assessors can be found at the Iowa State Association of Assessors website: iowa-assessors.org.

Print property information

Parcel number: _____

Owner: _____

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: _____

City: _____ State: _____ ZIP: _____

County: _____ Number of acres: _____

Phone: _____ Email: _____

Print applicant information

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Applicant signature: _____ Date: _____

The owner must meet the following requirements:

The dwelling unit property is owned and managed by a community housing development organization, as recognized by the state of Iowa and the federal government pursuant to criteria for community housing development organization designation contained in the HOME program of the federal National Affordable Housing Act of 1990.   Yes ☐   No ☐

The owner is a nonprofit organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.   Yes ☐   No ☐

The owner owns and manages more than one hundred fifty dwelling units that are located in a city with a population of more than one hundred ten thousand.   Yes ☐   No ☐

The assessor may request from any property owner or claimant any additional information necessary for the determination of the taxable status of the property.

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: _____