Disabled Veteran Homestead
Property Tax Credit

Iowa Code section 425.1(2)(b) and Iowa Administrative Code rule 701—110.1(3)

You must submit the Homestead Tax Exemption (54-028) form with this application. This application must be filed with your city or county assessor by July 1 of the assessment year. Upon the filing and allowance of the claim, the claim is allowed on that homestead for successive years without further filing as long as the person continues to qualify for the homestead exemption and continues to qualify for the Disabled Veteran Tax Credit under Iowa Code section 425.1(2)(b).

Print Applicant Information

Disabled Veteran Applicant Name:____

Select one eligibility requirement below and attach a copy of the letter from U.S. Department of Veteran Affairs indicating applicant meets eligibility requirements pursuant to Iowa Code section 425.1(2)(b).

- I am a veteran of any of the military forces of the United States who acquired the property under 38 U.S.C section 21.801, section 21.802, prior to August 6, 1991, or 38 U.S.C section 2101, section 2102 .... ☐
- I am a veteran as defined in Iowa Code section 35.1 .... ☐

  Select one of the two boxes below:
  - And I have a permanent service-connected disability rating of 100% .... ☐
  - And I have a permanent and total disability rating based on individual unemployability paid at the 100% disability rate .... ☐
- I am a former member of the National Guard of any state who otherwise meets the service requirements of Iowa Code section 35.1 subsection 2, paragraph “b”, subsection (2) or (7)......... ☐

  Select one of the two boxes below:
  - And I have a permanent service-connected disability rating of 100% .... ☐
  - And I have a permanent and total disability rating based on individual unemployability paid at the 100% disability rate .... ☐
- I am a surviving spouse or child who is receiving dependency and indemnity compensation (DIC) pursuant to 38 U.S.C. section 1301 et seq.................... ☐

My DD-214 or an equivalent document is: ☐ attached or ☐ recorded in book/page: ______________

I have not and will not claim during this calendar year, a military service tax exemption on any property located in Iowa. Any person making a false claim for credit or any persons who together act with fraudulent intent to obtain this credit shall be guilty of a fraudulent practice.

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.

Applicant Signature: ____ Date: ______________

Written notification must be provided to the assessor if the circumstances change and result in a taxpayer being ineligible for the credit, or conveyance of this property, or its discontinued use as your homestead.

Assessor Use Only: I recommend that this application be: ☐ Allowed ☐ Disallowed Date: ________

Parcel #: ______________ Assessor or Authorized Representative: __________________________

Board of Supervisors Use Only: ☐ Allowed ☐ Disallowed

Representative of the Board of Supervisors: ________________________ Date: ______________

FACT SHEET

When does my credit begin to apply?

A claim timely filed by July 1 of the assessment year will apply to taxes due and payable in September of the following calendar year and March of the next proceeding calendar year. For example, a claim filed by July 1, 2026 will apply to assessment year 2026 and taxes due and payable in September of 2027 and March of 2028.

Can a surviving spouse or child receive the credit?

Yes, there are two different ways that a surviving spouse or child can receive the disabled veteran tax credit.

- First, the credit is continued to the surviving spouse and any child, as defined in Iowa Code section 234.1, if they are the beneficiaries of a deceased owner as long as the surviving spouse remains unmarried.
- Second, a surviving spouse or a child who is receiving dependency and indemnity compensation (DIC), as certified by the United States Department of Veterans Affairs is eligible for the credit. If the surviving spouse changes homesteads, or the homestead did not receive the credit during the qualified veteran's life, the surviving spouse will need to provide a current DIC or CPD (Compensation and Pension Death) letter to receive the tax credit. A surviving spouse who receives DIC payments is eligible for the credit even upon remarriage.

What do I need to provide to get the tax credit?

Provide this application, a DD214 form, and a current Benefits Paid letter issued within 12 months of your application date. To protect your privacy, do not send any personal health information.

Do I have to reapply every year?

Reapplication is not required. Upon the filing and allowance of the claim, the claim is allowed on the homestead for successive years without further filing, as long as the property is legally or equitably owned by someone who falls under one the four categories of "owner' listed in Iowa Code section 425.1(2)(b) and used as a homestead by that person on July 1 of each of those successive years.

Is there a limit on the value of the homestead?

There is no limit on the amount of the exemption. However, for applications filed on or after July 1, 2026, the homestead that the credit is calculated on is limited to one-half acre and does not include appurtenances.

If I am in a care facility, can I still get the credit?

If you are confined in a nursing home, extended-care facility, or hospital, you can still receive the credit if you are the owner of the homestead, maintain the homestead, and do not lease, rent, or otherwise receive profits from the homestead.

Homestead Tax Exemption

Iowa Code chapter 425 and Iowa Administrative Code rule 701—110.1

This application must be filed or postmarked to your city or county assessor on or before July 1 of the year in which the exemption is first claimed. Contact information for all assessors can be found at the Iowa State Association of Assessors website: iowa-assessors.org. 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 exemption. A claim filed after July 1 of the year for which the person is claiming exemption shall be considered a claim filed for the following year.

Beginning with assessment year 2026, the homestead credit has been replaced with a homestead exemption of 10% of the taxable value of the homestead (minimum 5,500, maximum 20,000 of taxable value, adjusted annually for inflation). A claim timely filed by July 1 of the assessment year will apply to taxes due and payable in September of the following calendar year and March of the next proceeding calendar year. For example, a claim filed by July 1, 2026 will apply to the taxable value for assessment year 2026 and taxes due and payable in September of 2027 and March 2028. For more information, visit revenue.iowa.gov.

Print property information

Parcel number: ______________________________

Owner #1: ____ Owner birth date*: ______ / _____ /______

Owner #2: ____ Owner birth date*: ______ / _____ /______

*Claimants aged 65 years or older are eligible for an additional exemption of 6,500 of taxable value.

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 or exemption 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 ☐for rent?

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

☐ Yes ☐ No

I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 10A.518 and Iowa Administrative Code rule 661—201.15:

☐ 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 10A.518:

☐ has been installed or ☐ will be installed within 30 days of filing this application

An eligible owner was 65 years old or older on or before January 1 of the year of this application and is claiming the homestead exemption.

☐ Yes ☐ No

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:________________

This form must be filed with your local assessor. 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 the application for the 10% homestead exemption
under Iowa Code section 425.1A(1A) be: ☐ Allowed ☐ Disallowed

Is the claimant 65 years of age or older by January 1 of the assessment year and
eligible to claim the homestead exemption under Iowa Code section 425.1A(1)
at the time of filing? ☐ Yes ☐ No

If the assessor recommends disallowance, provide reasons for the recommendation below:

____

____

Signature: ______________________________ Date:________________

Board of supervisors: ☐ Allowed ☐ Disallowed

Signature: ______________________________ Date: ________________