



Case number:

Iowa Department of Human Services
Renewal Application Addendum

Due to the changes in the Affordable Care Act (ACA), more information is needed to process your Renewal Application/Reported Change. This form asks for this information. Next year you will get a form that has all the needed questions in one document.

The ACA also requires that electronic data sources be used as much as possible to process benefits. This will speed up benefit processing and cut down on proof you must give us. We need your permission (below).

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Iowa Department of Human Services (DHS) to use income data, including information from tax returns. The Iowa DHS will send me a notice and let me make any changes.

I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct, and complete.

By signing below, I agree to allow my information to be used and retrieved from data sources for this renewal or reported change. I have consent for all people I will list on this form that allows their information to be retrieved and used from data sources for this renewal or reported change.

Print Name
Signature
Date

Tax Information		
<i>Next Year's Tax Return</i>	<i>(Self)</i>	<i>(Partner or Spouse)</i>
Name		
Does this person plan to file a tax return NEXT year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What filing status will be used on NEXT year's tax return?	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing
Will this person be claimed as a dependent on someone else's tax return NEXT year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will claim this person on their tax return NEXT year?		
Is this person the primary tax payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Current Year's Tax Return</i>		
Did this person file taxes LAST year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the filing status on this return different than this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What filing status was used on this tax return?	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing
Was this person the primary tax payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Next Year's Tax Return	(Dependent 1)	(Dependent 2)
Name		
Does this person plan to file a tax return NEXT year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What filing status will be used on NEXT year's tax return?	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing
Will this person be claimed as a dependent on someone else's tax return NEXT year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will claim this person on their tax return NEXT year?		
Is this person the primary tax payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Year's Tax Return		
Did this person file taxes LAST year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the filing status on this return different than this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What filing status was used on this tax return?	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing	<input type="checkbox"/> Head of household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow/widower with dependent child status <input type="checkbox"/> Not filing
Was this person the primary tax payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Dependents		
Can this person claim dependents NOT listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many dependents NOT listed on this application can be claimed?		
List the names of those dependents.		

Other Questions

Yes No Do you have any other income that you didn't list on the renewal?

If Yes, please list:

Type of Income	Amount of Income	How Often Received

Yes No Does anyone have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc) or live in a medical facility or nursing home?

If Yes, please list the individuals who would fall under this category:

Yes No Do you have any tax-deductible expenses such as student loan interest, alimony paid, or any other tax-deductible expenses?

If Yes, please indicate:

Person Responsible for Each Expense	Type of Expense	Amount of Each Expense	How Often Incurred
Example: John	Student loan	\$1,200	Yearly