IOWA | Health and Human Services

Rent Reimbursement Application

This form is to apply for Rent Reimbursement for the calendar year **2023**.

It may take up to 90 days for an eligibility decision to be made.

Program Eligibility

- People who were at least 65 years old in the claim year
- People who were 18 years or older and totally disabled in the claim year

Program Requirements

- Must currently live in Iowa
- Rented in Iowa in the past calendar year
- Total household annual income is less than $25,328 (includes a spouse living in the same home)
- Property rented was subject to property taxes

Claimant's Information

Legal First Name	Legal Last Name	Phone number	
Social Security number		Birth date (MM/DD/YYYY) __/__/____	
Sex (as listed on official government document; this will be used to help verify identity) ☐ Male ☐ Female		If deceased, date of death (MM/DD/YYYY) __/__/____	
Home address (where claimant lives now)	City	State	ZIP code
Mailing address if different	City	State	ZIP code
Email address			

Claimant's Spouse's Information

Legal First Name	Legal Last Name	Phone number
Social Security number		Birth date (MM/DD/YYYY) __/__/____
Sex (as listed on official government document; this will be used to help verify identity) ☐ Male ☐ Female		If deceased, date of death (MM/DD/YYYY) __/__/____
Do claimant and spouse live together? ☐ Yes ☐ No		

Eligibility

1. Does claimant currently live in Iowa?
   ☐ Yes ☐ No
2. Did claimant rent in Iowa in 2023?
   ☐ Yes ☐ No

If you answered "No" to either question 1 or 2, claimant does **not** qualify for Rent Reimbursement.

3. Was claimant born before 1959?
   ☐ Yes ☐ No
4. Was claimant born between 1959 and 2005, **and** are they totally disabled?
   ☐ Yes ☐ No

If you answered "No" to both question 3 and 4, claimant does **not** qualify for Rent Reimbursement.

Total Annual Household Income for Calendar Year 2023

Answer these questions for claimant and their spouse, even if the benefit amounts were not reported for Iowa individual income tax purposes. Submit proof of income with this application.

Income

1. Yearly net Social Security income (include SSI, SSDI, and Medicare premium withheld, if applicable).		$	.00
2. Other non-Social Security disability benefits, for example VA or railroad.		$	.00
3. Income received in 2023 from wages or self-employment.	Wages:	$	.00
	Self-Employment:	$	.00
4. Unemployment		$	.00
5. Child support or alimony.	Child Support:	$	.00
	Alimony:	$	.00
6. Total Title 19 benefits for nursing home or care facility. We previously requested 20% of that amount. We will calculate that amount.		$	.00
7. Pension, military retirement, IRA, or annuity.		$	.00
8. Family Investment Program (FIP) payments.		$	.00
9. Cash or checks from others living with claimant.		$	.00
10. Other: interest or dividend income, profit from business, capital gains, or gambling.	Interest or dividend income:	$	.00
	Profit from business:	$	.00
	Capital gains:	$	.00
	Gambling:	$	.00
11. HUD, Section 8, or other assistance paid in 2023 for rent or utilities.		$	.00

Rental Information

Submit proof of any rent paid with your application.

Dates claimant rented in the claim year (MM/DD/YYYY) Start __/__/____ Stop __/__/____			
How much total rent did claimant pay at this location during the time period above? (Not including deposit or utilities)		$	.00
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code

If claimant lived in more than one location, use page 4 to add all rental locations for all of 2024.

Direct Deposit Information

If you want the rent reimbursement to be directly deposited, fill out the boxes below. Otherwise, a paper check will be issued.

Type of account you would like to use	☐ Checking ☐ Savings
Nine-Digit Routing Number	
Account Number	

Verification

Ensure that proof of disability and rent paid documents are included. Make sure you send in documents proving income, rent paid and disability (if needed) with this application. **Do not send originals** as they will not be returned. Examples of types of proof are listed below.

Proof of disability – if you are applying and are under the age of 65

- SSA 1099 form showing your name
- VA Disability Award Letter

Proof of Income

- Social Security Statements
- Pay stubs
- W-2
- Cashed checks
- HUD or Section 8 award letter

Proof of Rent Paid

- HHS Form Number 470-5713, *Rent Reimbursement Landlord Rent Verification*
- Copy of lease showing rent amount
- Rent receipts or canceled checks from each month
- A ledger from the rental office
- Signed letter from your landlord with rent paid. (Include their name, address & phone number)

Mail to:

Iowa Department of Health and Human Services
Imaging Center 5
P.O. Box 41130
Des Moines, IA 50311-0500

Signature (Required)

I declare under penalty of perjury or false certificate that I have examined this claim and, to the best of my knowledge and belief, it is true, correct and complete.

Claimant's Signature	Date __/__/____

Spouse Signature (optional)	Date __/__/____

Preparer Signature	Date __/__/____
Preparer Name	Preparer Phone Number
☐ Claimant: Check here if you authorize us to speak with the person who prepared this form.	

Additional Locations: Complete this form if you lived in more than one location in 2024. Use as many copies of this page as necessary and submit with your 2024 Rent Reimbursement Application form. You must include documents that prove rent paid for each location.

Name	Phone number
Social security number	Birth date (MM/DD/YYYY) __/__/____

Location Information

Dates claimant rented in the claim year (MM/DD/YYYY) Start __/__/____ Stop __/__/____			
How much total rent did claimant pay at this location during the time period above? (Not including deposit or utilities)	$ .00		
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code

Location Information

Dates claimant rented in the claim year (MM/DD/YYYY) Start __/__/____ Stop __/__/____			
How much total rent did claimant pay at this location during the time period above? (Not including deposit or utilities)	$ .00		
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
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Location Information

Dates claimant rented in the claim year (MM/DD/YYYY) Start __/__/____ Stop __/__/____			
How much total rent did claimant pay at this location during the time period above? (Not including deposit or utilities)	$ .00		
Rental street address (no PO Box)	City	State	ZIP code
Landlord, business office, or nursing home name			
Address	City	State	ZIP code