

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](http://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: \_\_\_\_\_