



Iowa Department of Health and Human Services
Rent Reimbursement Application

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

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)
Place rented was subject to property taxes

Your Information

Form with fields for: Legal First Name, Legal Last Name, Phone number, Social Security number, Birth date (MM/DD/YYYY), Gender (Male/Female), Home address (where you live now), City, State, ZIP code, Mailing address if different, Email address.

Your Spouse's Information

Form with fields for: Legal First Name, Legal Last Name, Phone number, Social Security number, Birth date (MM/DD/YYYY), Gender (Male/Female), Do you and your spouse live together? (Yes/No).

Eligibility

- 1. Do you currently live in Iowa? (Yes/No)
2. Did you rent in Iowa in 2023? (Yes/No)

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

- 3. Were you born before 1959? (Yes/No)
4. Were you born between 1959 and 2005, and are totally disabled? (Yes/No)

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

Total Calendar Year 2023 Annual Household Income

Answer these questions for you and your spouse, even if you did not report the benefit amounts for Iowa individual income tax purposes. Submit proof of income with your application.

Income

1. Yearly gross 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. Children's Supplemental Security Income (SSI).		\$	.00
7. Total Title 19 benefits for nursing home or care facility. You previously entered 20% of that amount. We will calculate that amount for you now.		\$	.00
8. Pension, military retirement, IRA, or annuity.		\$	.00
9. Family Investment Program (FIP) payments.		\$	.00
10. Cash or checks from others living with you.		\$	.00
11. 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
12. Total HUD, Section 8, or other assistance paid in 2023 for your rent or utilities.		\$	.00

Rental Information

Submit proof of any rent paid with your application.

Dates you rented in the claim year (MM/DD/YYYY) Start ___/___/___ Stop ___/___/___			
How much total rent did you 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 you lived in more than one location, use page 4 to add all of your rental locations for all of 2023.

Direct Deposit Information

If you want your rent reimbursement to be directly deposited, fill out the boxes below. If you do not select direct deposit, you will receive a paper check.

Type of account you would like to use	<input type="checkbox"/> Checking	<input type="checkbox"/> 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 Human Services
 Imaging Center 5
 P.O. Box 41130
 Des Moines, IA 50311-0500

Signature

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.

Your Signature	Date __/__/__
If deceased, date of death (MM/DD/YYYY) __/__/__	
Spouse Signature (optional)	Date __/__/__
If deceased, date of death (MM/DD/YYYY) __/__/__	
Preparer Signature	Date __/__/__
Preparer Name	Preparer Phone Number
<input type="checkbox"/> 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 2023.

Use as many copies of this page as necessary and submit with your 2023 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 you rented in the claim year (MM/DD/YYYY) Start _/_/____ Stop _/_/____			
How much total rent did you 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 you rented in the claim year (MM/DD/YYYY) Start _/_/____ Stop _/_/____			
How much total rent did you 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 you rented in the claim year (MM/DD/YYYY) Start _/_/____ Stop _/_/____			
How much total rent did you 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