



# Historic Property Rehabilitation Tax Exemption Application

Number \_\_\_\_\_

(To be filed with the assessor of the assessing Jurisdiction by February 1 of the assessment year.)

Legal Description: \_\_\_\_\_  
\_\_\_\_\_

Address of Property: \_\_\_\_\_

Titleholder or contract buyer: \_\_\_\_\_

Address: (If different than above) \_\_\_\_\_

Existing property use: Ag  Res  Com  Ind

Additional property tax relief or financial assistance

Allowed: No \_\_\_\_\_ Yes \_\_\_\_\_ (Attach documentation, if yes.)

Estimated Completion Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Attach any plans or blueprints. Include documents previously filed and approved by State Historical Office.  
The owners of the above property do hereby make application for the Historic Property Rehabilitation Tax Exemption in accordance with the provisions of Iowa Code section 427.16.

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

\_\_\_\_\_  
Date Telephone Number Claimant's Signature

### To Be Completed By The Assessor

Application received: \_\_\_\_\_

Priority assigned: 1 2 3 4

Dist. \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_

I hereby certify that the above property is eligible to receive the tax exemption as provided by Iowa Code section 427.16.

\_\_\_\_\_  
Assessor

Annual report of exemptions to be sent to County Auditor by 7/1 each year.