



Complete the separate Statement of Rent Paid form if you lived in more than one location. Use as many sheets as necessary. Submit a copy along with your Iowa Rent Reimbursement claim.

Your last name, first name: \_\_\_\_\_

Your Social Security Number:

**Dates you rented** (MMDDYY): from  to

Iowa rent you paid at this location .....  ,  .00

Rental Address: (PO Box not allowed). The location where you lived must be subject to property tax.

Street (include any Apt, Lot, or Suite): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street (include any Apt, Lot, or Suite): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Dates you rented** (MMDDYY): from  to

Iowa rent you paid at this location .....  ,  .00

Rental Address: (PO Box not allowed). The location where you lived must be subject to property tax.

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord Information:

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Street (include any Apt, Lot, or Suite): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street (include any Apt, Lot, or Suite): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

