



**2009 Rebate Application
Rebate for Sales Tax on Food**

Who qualifies for the Food Sales Tax Rebate?

The applicant's total household income from all sources does not exceed the fiscal year income limits published by the U.S. Department of Housing and Urban Development for the state, under the listing for Denver for the "Very Low-Income" Program, **and:**

The applicant or their spouse is 65 years of age or older (born on or before 12/31/1944).

The applicant is the head of household, as defined by the United States Internal Revenue Code; **or**

The applicant is single and between 55 years of age and 65 years of age; **or**

The applicant is disabled. Disabled is defined as where the person is unable to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or be of long continued and definite duration. **An individual shall not be considered to be disabled unless he/she furnishes proof of existence thereof in such form and manner as the administrator may require.**

The applicant has resided in a dwelling unit within the City of Arvada for some part of 2009 in which the application is being made. If the applicant has resided in the City of Arvada less than on year, then the refund will be determined by applying a fraction.

<u>Number in Household (Exemptions)</u>	<u>Maximum Household Income</u>
1	\$26,600
2	\$30,400
3	\$34,200
4	\$38,000
5	\$41,050
6	\$44,100
7	\$47,100
8 or more	\$50,150

Application Instructions

Fill out your name, address and birthdate. Enter the same information for your spouse, if applicable. List all other members living in your household, birthdate and check the box for disability status. ***If you require additional assistance, please feel free to come to our offices with your documentation.***

Section A - Residency

You must have occupied the property in the city limits of Arvada all or part of 2009. If you lived at other additional addresses in the City Limits in 2009, please use the additional lines for listing other addresses listing length of time. **Please provide proof of residency by providing either a utility bill or rent receipt or some other evidence that shows proof of residency.**

Section B - Household Income for 2009

Lines 1-9, please list the amount for all types of income that apply to **all members** of your household for 2009. Line 10, please list any other form of income for your household with a brief explanation. Add lines 1-10 and list that amount on the Total 2009 Income line. Attach a **COPY*** of the supporting document(s) to prove income, such as W-2, Social Security statement, signed Federal Tax Return, etc. If you need a copy of your 2009 Social Security Statement, you can obtain a copy by calling 1-800-772-1213 and request a letter of verification or a 1099 form for 2009 Social Security. ****Copies are only needed when mailing in your Rebate Application.***

Section C - Rebate Computation

Food Tax: number of exemptions will include yourself, spouse and dependents who resided with you in Arvada during 2009. You will be refunded \$85 for the first exemption and \$50 for every exemption after that. Please present a **COPY*** of proof of dependents. This can include Federal Income Tax Return, Birth Certificate or school records. Food tax rebates will be prorated based on length of residency. ****Copies are only needed when mailing in your Rebate Application.***

Section D - Signatures

Please sign and date your application. If you are married, your spouse is also required to sign the form. Rebate applications that are not signed will not be processed. If someone helped you fill out the application, please list that name and phone number in case of follow up questions.

Status of Rebate Check

Please allow 4-6 weeks for processing of your COMPLETED application. Your check will be mailed to the address you listed in the Applicants Section on your application. Please do not call to check the status of your application before the time frame listed above has passed. **If there is any documentation missing from your application, you will receive notification and we must have all requested documents back in the Sales Tax office, located in the Annex Building, by 5:00pm Friday, October 29, 2010.**

Evidence of Lawful Presence (FOR NEW APPLICANTS ONLY)

In accordance with Colorado State Law (House bill 1023), to obtain a rebate, applicants must complete and sign the affidavit. Additionally, you must also ***include a high quality copy of one of the following forms of identification:*** Colorado Driver's License (not expired), or Colorado Identification Card (not expired), or U.S. Military Card, or Native American Tribal Document.



2009 Food Sales Tax Rebate Application

Program runs from May 3 to October 29, 2010

Are you new to the Program? Yes [] No []
Do you have a new address? Yes [] No []

Form sections: Applicants (Name, Address, Phone), Dependents (Table), Section A (Residency, Previous Address), Section B (Household Income for 2009, Income List)

Section C	Rebate Computation - ALL RECEIPTS MUST BE REVIEWED BY CITY STAFF
	Food Tax - List the number of exemptions claimed for all household members that resided in Arvada in 2009
	First Exemption = \$85
	Remaining Exemption(s) _____ X \$50 = _____
Total Exemptions _____ Total Food Tax Rebate _____	

Section D	Signatures								
	Under the penalties of perjury, I affirm that the information and facts as stated in this application being made by me are to the best of my knowledge and belief true, correct and complete.								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; text-align: center;">Applicant's Signature</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Spouse's Signature</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Preparer other than Applicant (Print Name)</td> <td style="border-bottom: 1px solid black; text-align: center;">Phone Number</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Interviewer</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>	Applicant's Signature	Date	Spouse's Signature	Date	Preparer other than Applicant (Print Name)	Phone Number	Interviewer	Date
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If mailing in application, please submit copies of supporting documents. City of Arvada will not be responsible for returning original documents.									

City of Arvada Use Only	FOR OFFICE USE ONLY																																																																														
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