Revenue Division - Sales Tax
8101 Ralston Road
P.O. Box 8101
Arvada, CO 80001-8101
Phone (720) 898-7114
Fax (720) 898-7110
http://arvada.org/city-services/sales-tax

2012 Resident Rebate Application

Program runs from May 1 to October 31, 2013

Who qualifies for the Resident 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 12/31/1947).

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 2012 in which the application is being made. If the applicant has resided in the City of Arvada less than one year, then the refund will be determined by applying a fraction.

Number in Household (Exemptions)	Maximum Household Income
1	$27,800
2	$31,750
3	$35,700
4	$39,650
5	$42,850
6	$46,000
7	$49,200
8 or more	$52,350

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 office with your documentation.***

Section A - Residency

You must have occupied the property in the **City Limits of Arvada** all or part of 2012. If you lived at other additional addresses in the City Limits in 2012, 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 lease agreement or some other evidence that shows proof of residency for all of 2012.**

Section B - ANNUAL Household Income for 2012

Lines 1-9, please list the amount for all types of income that apply to all members of your household for 2012.
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 2012 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 2012 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 2012 Social Security. ***Copies are only needed when mailing in your Rebate Application.***

Section C - Rebate Computation

Rebate: number of exemptions will include yourself, spouse and dependents who resided with you in Arvada during 2012. 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, court orders or school records.
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 Wednesday, October 31, 2013.**

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.

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Are you new to the program? Yes ☐ No ☐
Do you have an address change? Yes ☐ No ☐

Applicants

Last Name	First Name	Middle	Birthdate	Legally Disabled?
Your Name				Yes _____ No _____
Spouse's Name				Yes _____ No _____

Street Address	Apt. #	City	State	Zip Code

Daytime Phone Number	Alternate Phone Number

Dependents

Please list others not listed above who lived with the applicant in 2012 (attach additional sheet of paper if necessary).

Name	Relationship	Birthdate	Disabled
			Yes _____ No _____
			Yes _____ No _____
			Yes _____ No _____
			Yes _____ No _____

Section A

Residency

Have you lived at the above address since January 1, 2012? Yes _____ No _____
If NO, please use the additional lines for listing other addresses in 2012 and length of time.

Previous Address	Length of Time
	From _____ to _____
	From _____ to _____

Section B

ANNUAL Household Income for 2012

Enter your total household income for the year of 2012 (please include all members of the household).

1.) Social Security Benefits ..... **Annual** $_____
2.) Retirement Income ..... **Annual** $_____
3.) Pensions ..... **Annual** $_____
4.) Veterans benefits (include veterans disability) ..... **Annual** $_____
5.) Salaries, wages, tips and other compensation ..... **Annual** $_____
6.) Interest and Dividends Income ..... **Annual** $_____
7.) Business Income including farm, rents, royalties, etc. ..... **Annual** $_____
8.) Child Support ..... **Annual** $_____
9.) Welfare payments ..... **Annual** $_____
10.) All other income - please explain ..... **Annual** $_____

Total 2012 Income (add lines 1-10) ..... **Annual** $_____

ALL 2012 INCOME DOCUMENTS MUST BE REVIEWED BY CITY STAFF

Section C

Rebate Computation

Rebate - List the number of exemptions claimed for all household members that resided in Arvada in 2012

Partial residency in Arvada will get a prorated amount

First Exemption = $85

Remaining Exemption(s) _____ X $50 = _____

Total Exemptions _____ Total Rebate _____

Section D

Required 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.

_____ Applicant's Signature _____ Date

_____ Spouse's Signature _____ Date

_____ Preparer other than Applicant (Print Name) _____ Phone Number

_____ Interviewer _____ Date

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

Account Number _____

	Project #	Task	Amount
Rebate ……	05301	2.9	

SR_____ HH_____ S_____ D_____

Expenditure Type: TAX REFUNDS

Organization Type: REVENUE DIVISION OF FINANCE

Action	Initial	Date
Received		
Interviewed		
Affidavit		
Review		
Oracle		
Ch Mailed		