

City of Loveland 2018

Food and Utility Sales Tax Rebate Program

April 2, 2018 – May 31, 2018

Program ends 12:00 p.m. May 31. No exceptions.

Applications available:

- House of Neighborly Service
The Life Center
1511 E. 11th Street
- City of Loveland
500 E Third Street
Utility Billing (in front of cashier)
www.cityofloveland.org
- Loveland Public Library
300 N. Adams Avenue

For information, call 342-2292



Submit applications:

In person:

House of Neighborly Service
Located at the Life Center
Monday –Thursday
9:00 a.m. to 12:00 p.m.
Closed Memorial Day.

By mail:

City Clerk's
FSTRP
City of Loveland
500 E. Third Street
Loveland, CO 80537.

HAVE YOU PROVIDED ALL THE REQUIRED DOCUMENTS?

- ☐ 1. RESIDENCY VERIFICATION
- ☐ 2. IDENTIFICATION VALIDATION
- ☐ 3. 2017 OFFICIAL INCOME STATEMENTS

4. REQUIRED FORMS

**Each APPLICANT and HOUSEHOLD
MEMBER 18 years of age or older
MUST COMPLETE!!**

- ☐ Form 1 – (Make Copies if Needed)
LARIMER COUNTY HUMAN SERVICES
INCOME RELEASE FORM

AND

- ☐ Form 2 – (Make Copies if Needed)
AFFIDAVIT FOR PUBLIC BENEFITS
- ☐ COMPLETED and SIGNED APPLICATION



#18 - _____

FOOD AND UTILITY SALES TAX REBATE APPLICATION

All household members must currently live in Loveland city limits, and have lived in Loveland city limits all or part of 2017.

Print Legibly	APPLICANT	Length of time at address	Social Security Number	Date of Birth	Total 2017 Income	Utilities Verified
Name					\$	
Current Address	Zip Code					
Mailing Address	Zip Code					
Previous Address	Zip Code					
Phone #						
2 nd HOUSEHOLD ADULT		Length of time at address	Social Security Number	Date of Birth	Total 2017 Income	Utilities Verified
Name					\$	
Previous Address	Zip Code					
ALL OTHER HOUSEHOLD MEMBERS		Length of time at address	Social Security Number	Date of Birth	Total 2017 Income	Utilities Verified
					\$	
					\$	
					\$	
					\$	
2017 TOTAL FAMILY INCOME \$						

DECLARATION: I affirm I have listed all members of this household and all members meet the eligibility and current residency criteria for the City of Loveland Food and Utility Sales Tax Rebate Program and that this application is complete with all supporting documentation. I understand the City of Loveland will only process complete applications on a first come basis and additional documentation may be requested. I also understand that I will be permanently disqualified from this program, now and in the future, if any information on this application is proven fraudulent. I authorize the City to access utility billing records for eligibility verification of my application.

X

Applicant's Signature

Date

ONLY COMPLETE APPLICATIONS ARE ACCEPTED AND WILL BE PROCESSED ON A FIRST COME BASIS

Allow 8 weeks for processing

ALL HOUSEHOLD MEMBERS MUST CURRENTLY LIVE IN LOVELAND CITY LIMITS AND HAVE LIVED WITHIN LOVELAND CITY LIMITS ALL OR PART OF 2017.



Check appropriate boxes. **COPIES** are required of documentation.

1. **RESIDENCY VERIFICATION**

- ☐ **Utilities are in my name** (to be verified and printed at time of application).
All final utility bills must be paid to be eligible. OR
- ☐ **Utilities are not in my name (provide at least one of the following)**
- o 2017 lease agreement, indicating all months of 2017 members lived in Loveland city limits. **OR**
 - o Rent receipts from each month in 2017. **OR**
 - o Official verification from landlord stating address, tenants and dates occupied in 2017.

2. **IDENTIFICATION VALIDATION** children's ID requirements listed below:

- ☐ **Current Valid ID; each** household member 18 years of age or older **MUST** provide at least one:
- o Current valid Colorado driver's license or Colorado ID card. **OR**
 - o Current valid out of state driver's license. **OR**
(Excluding AK, HI, IL, MD, MI, NE, NM, NC, OR, TN, TX, UT, VT, WI)
 - o Original birth certificate from any state of the United States. **OR**
 - o Current valid U.S. passport. **OR**
 - o U.S. military card or military dependent's ID card. **OR**
 - o U.S. Coast Guard Merchant Mariner ID card. **OR**
 - o Native American tribal document.

CHILDREN under 18 years of age – Social Security Card OR birth certificate OR listed on applicant's 2017 federal income tax.

3. **2017 OFFICIAL INCOME STATEMENTS FOR ALL HOUSEHOLD MEMBERS**

- ☐ 2017 Income Tax forms, if filed. **AND/OR**
- ☐ 2017 W-2(s) for all income. **AND/OR**
- ☐ 2017 Benefit Statement issued by Social Security, such as, S.S.I., S.S.D.I. **AND/OR**
- ☐ 2017 interest income, dividends, stock income, pensions, and VA benefits. **AND/OR**
- ☐ 2017 child support, alimony, maintenance, statements of total income from unemployment, or statements of general liability for Workers' Compensation.

2017 Income guidelines set forth by the United States Department of Housing and Urban Development.

***NOTE:** Based on partial year residency and/or receipt of food stamps, rebates are pro-rated.

Members of Household	Household Gross Income at or below	*Food Sales Tax Rebate	Household Utility Rebate
1	\$26,900	\$93	\$40
2	\$30,750.	\$188	\$40
3	\$34,600.	\$284	\$40
4	\$38,400.	\$373	\$40

4. **REQUIRED FORMS** Each **APPLICANT** and **HOUSEHOLD MEMBER** 18 years of age or older **MUST COMPLETE BOTH!!**

- ☐ **FORM 1 - LARIMER COUNTY HUMAN SERVICES INCOME RELEASE** **AND**
- ☐ **FORM 2 - AFFIDAVIT FOR PUBLIC BENEFITS**

Each APPLICANT and HOUSEHOLD MEMBER 18 years of age or older MUST COMPLETE.**LARIMER COUNTY HUMAN SERVICES INCOME RELEASE FORM**_____
Last Name_____
First Name_____
Middle_____
Social Security Number_____
Date of Birth

I hereby authorize Larimer County Human Services to release information of my total food stamps received in 2017 to the City of Loveland or designee for use in determining eligibility for the Food and Utility Sales Tax Rebate Program.

X_____
Applicant Signature_____
Date

(additional required affidavit on back)

Each APPLICANT and HOUSEHOLD MEMBER 18 years of age or older MUST COMPLETE.**LARIMER COUNTY HUMAN SERVICES INCOME RELEASE FORM**_____
Last Name_____
First Name_____
Middle_____
Social Security Number_____
Date of Birth

I hereby authorize Larimer County Human Services to release information of my total food stamps received in 2017 to the City of Loveland or designee for use in determining eligibility for the Food and Utility Sales Tax Rebate Program.

X_____
Applicant Signature_____
Date

(additional required affidavit on back)

FORM 2 (1st Adult in Household)

Each APPLICANT and HOUSEHOLD MEMBER 18 years of age or older MUST COMPLETE.

AFFIDAVIT FOR PUBLIC BENEFITS

I swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(check one)**

- ☐ I am a United States citizen.
(Valid I.D. must be provided)
- or
- ☐ I am a legal permanent resident of the United States.
(Alien registration card and valid I.D. must be provided)
- or
- ☒ I am lawfully present in the United States pursuant to federal law.
(Alien registration card and valid I.D. must be provided)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

X

Applicant Signature

Date

(make additional copies if needed)

C.R.S. 24-76.5-103 Rev. 08/15

FORM 2 (2nd Adult in Household)

Each APPLICANT and HOUSEHOLD MEMBER 18 years of age or older MUST COMPLETE.

AFFIDAVIT FOR PUBLIC BENEFITS

I swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(check one)**

- ☐ I am a United States citizen.
(Valid I.D. must be provided)
- or
- ☐ I am a legal permanent resident of the United States.
(Alien registration card and valid I.D. must be provided)
- or
- ☒ I am lawfully present in the United States pursuant to federal law.
(Alien registration card and valid I.D. must be provided)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

X

Applicant Signature

Date

(make additional copies if needed)

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