

To participate in the City's 2019 Food and Utility Sales Tax Rebate Program:

- Fill out this form
- Attach documentation
- Turn in application and documentation between April 1 & May 30

Applications submitted after 12:00 p.m. on May 30, 2019 will not be accepted
Incomplete applications will not be accepted



Applications available:

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

Application is also available online at www.cityofloveland.org

Documentation required:

- Residency & Identification verification
- 2018 official income statements
- Larimer County Human Services Income Release form & Affidavit for Public Benefits form—each applicant & household member 18 years of age or older must complete (make copies as needed)
- Completed & signed application

**Submit applications by May 30, 2019
no later than 12 p.m. to:**

House of Neighborly Service Located at Life Center	City of Loveland, City Clerk Office FSTRP 500 E. Third Street Loveland, CO 80537
Monday—Thursday; 9 am—12 pm	Drop box available:
Drop box available: Monday—Thursday 9 am—12 pm	Drop box available: Monday—Friday, 8 am to 5 pm at Utilities Counter

Questions? Call (970) 342-2292

**Applications submitted after 12:00 p.m. on May 30, 2019 will not be accepted
Incomplete applications will not be accepted
Allow 8 weeks for processing**

2019 Food and
Utility Sales Tax Rebate Program



Have you provided all the required documents?

- Residency verification**
- Identification validation**
- 2018 official income statements**
- Completed and signed application**

Required forms

Each applicant and household member 18 years of age or older must complete Form 1 and Form 2:

- Form 1—Larimer County Human Services
Income Release Form** (make copies as needed)
- Form 2—Affidavit for Public Benefits** (make
copies as needed)

LOVELAND 2019 REBATE APPLICATION

#19-_____

(For the 2018 Tax Year)

Civic Center, 500 East Third Street, Suite 230, Loveland, CO 80537

Do all household members currently live within the city limits of Loveland and did live in Loveland city limits for all or part of 2018? Yes No

If "No," please do not continue with the application because you do not qualify for the rebate.

1st HOUSEHOLD APPLICANT Please print legibly		Length of time at address	Social Security Number	Date of Birth	Total 2018 Income	Utilities Verified
Name					\$	
Current Address	Zip Code					
Mailing Address	Zip Code					
Previous Address	Zip Code					
Phone #						
2nd HOUSEHOLD ADULT Please print legibly		Length of time at address	Social Security Number	Date of Birth	Total 2018 Income	Utilities Verified
Name					\$	
Previous Address	Zip Code					
ALL OTHER HOUSEHOLD MEMBERS Please print legibly		Length of time at address	Social Security Number	Date of Birth	Total 2018 Income	Utilities Verified
					\$	
					\$	
					\$	
					\$	
2018 TOTAL FAMILY INCOME					\$	

DECLARATION:

Under penalty of perjury, I declare that I have read and understand the information and qualifications of this application and that all members of this household meet the eligibility criteria. I also understand that I will be permanently disqualified from this program if any information on this application is proven fraudulent. I understand that the City will only process complete applications on a first come basis and additional documentation may be requested. I authorize the City to access utility billing records for verification of my application.

X

1st Household Applicant Signature

Date

Check appropriate boxes. Provide copies of required documentation.

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:

- 2018 lease agreement, indicating all months of 2018 members lived in Loveland city limits; or
- Rent receipts from each month in 2018; or
- Official verification from landlord stating address, tenants and dates occupied in 2018.

IDENTIFICATION VALIDATION

Current Valid ID - each household member 18 years of age or older MUST provide at least one:

- Current valid Colorado driver's license or Colorado ID card or current valid out of state driver's license (excluding AK, HI, IL, MD, MI, NE, NM, NC, OR, TN, TX, UT, VT, WI); or
- Original birth certificate from any state of the United States; or
- Certificate of U.S. naturalization with photo and raised seal; or
- Order of adoption by a U.S. court with seal of certification; or
- Current valid U.S. passport; or
- U.S. military card or military dependent's ID card; or
- Coast Guard Merchant Mariner ID card; or
- Native American tribal document; or
- Valid immigration documents demonstrating lawful presence:
 - * Current foreign passport with
 - A. current 1-551 stamp or visa
 - B. current I-94
 - C. current I-94 with asylum status
 - * Unexpired Resident Alien card or Permanent Resident card; or
 - * Employment Authorization card

Children under 18 years of age—Social Security Card, birth certificate, or listed on applicant's 2018 federal income tax return.

2018 Income guidelines are set forth by the United States Department of Housing and Urban Development

NUMBER IN HOUSEHOLD	MAX HOUSEHOLD INCOME	MAX FOOD SALES TAX REBATE	HOUSEHOLD UTILITY REBATE
1	\$29,800	\$97	\$40
2	\$34,050	\$194	\$40
3	\$38,300	\$291	\$40
4	\$42,550	\$387	\$40

*NOTE: Rebates are pro-rated based on partial year residency and/or receipt of food stamps.

2018 OFFICIAL INCOME STATEMENTS FOR ALL HOUSEHOLD MEMBERS

- 2018 Income Tax forms, if filed.; and/or
- 2018 W-2(s) for all income; and/or
- 2018 Benefit Statement issued by Social Security, such as S.S.I., S.S.D.I.; and/or
- 2018 interest income, dividends, stock income, pensions, and VA benefits; and/or
- 2018 child support, alimony, maintenance, statements of total income from unemployment, or statements of general liability for Workers' Compensation.

Each APPLICANT and HOUSEHOLD MEMBER 18 years of age or older must complete and submit the following two forms:

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

#19 - _____

FORM 1—1st Adult in Household

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 2018 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)

#19 - _____

FORM 1 - 2nd Adult in Household

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 2018 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.

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Applicant Signature

Date

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