



Revenue Division - Sales Tax
 8101 Ralston Road
 Arvada, CO 80002
 Phone: 720-898-7114 • Fax: 720-898-7110
 arvada.org/taxrebate

2020 Resident Rebate Application

Program runs from May 1 to August 31, 2021

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 12/31/1955), **or**
- The applicant is the head of household, as defined by the United States Internal Revenue Code, **or**
- The applicant is unmarried, between 55 years of age and 65 years of age, and does not share the household with any other adult, **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.

Also the applicant has resided in the city limits of Arvada for all or part of 2020 in which the application is being made. If the applicant has resided in the City of Arvada less than one year, a pro-rated rebate will be offered.

Number in Household (Exemptions)	Maximum Household Income
1	\$35,000
2	\$40,000
3	\$45,000
4	\$50,000
5	\$54,000
6	\$58,000
7	\$62,000
8 or more	\$66,000

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.

Previous Address

You must have occupied the property in the City Limits of Arvada all or part of 2020. If you lived at other additional addresses in the City Limits in 2020, 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 2020.***

ANNUAL Household Income for 2020

Lines 1-9, please list the amount for all types of income that apply to all members of your household for 2020. 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 2020 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 2020 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 2020 Social Security. ****Copies are only needed when mailing in your Rebate Application.***

Rebate: number of exemptions will include

Computation

yourself, spouse and dependents who resided with you in Arvada during 2020. 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.**

Signatures

Please sign and date your application. If someone helped you fill out the application, please list their name and phone number. If someone helped you fill out the application, please list their number in case of follow up questions.

Status of Rebate Check - PLEASE DO NOT CALL ON THE STATUS OF YOUR CHECK!

Applications are processed in the order in which they are received; however, walk-in's do take priority over mail as the application is reviewed in entirety when you come into our office. You must allow a **minimum of 6 weeks** for us to process your application. Rebates are paid on a set schedule based on when your application is processed. **DO NOT** call to check on your status, please note that if we receive an incomplete application we will contact you either by phone or mail to collect the necessary information to complete your application. **We must have all requested documents back in the Sales Tax office, located in the Annex Building, by 5:00pm on Monday August 31, 2021.**

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 changes to address, marital status or dependents? Yes No

Applicants/Dependents	Last Name	First Name		Middle	Birthdate	Legally Disabled?	
	Your Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street Address	Apt. #	City	State	Zip Code		
	Daytime Phone Number			Alternate Phone Number			
	Please list others not listed above who lived with the applicant in 2020 (attach additional sheet of paper if necessary).						
	If any dependents turn 18 in 2020 we will need a completed affidavit and copy of valid photo ID to process application.						
	Name	Relationship		Birthdate	Disabled		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Address	Residency						
	Have you lived at the above address since January 1, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please use the additional lines for listing other addresses in 2020 and length of time.						
	Previous Address			Length of Time			
				From _____ to _____			
Annual Income	ANNUAL Household Income for 2020 - ***WE CANNOT ACCEPT BANK STATEMENTS AS PROOF OF INCOME***						
	Enter your total household income for the year of 2020 (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 2019 Income (add lines 1-10)					Annual	\$ _____	
ALL 2020 INCOME DOCUMENTS MUST BE REVIEWED BY CITY STAFF							

Rebate Computation

Rebate - List the number total household applicants that resided in Arvada in 2020
Partial residency rebates are offered on a pro-rated basis

Main Applicant = \$85

Prorate

Additional Household Applicant(s) _____ X \$50 = _____

of Mo: _____

Total Applicants _____ Total Rebate _____

Amt: \$ _____

Computation

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)

 Date

 Interviewer

 Date

**If mailing in application, please submit copies of supporting documents.
 City of Arvada will not be responsible for returning original documents,
 all documents received will be shredded**

Signatures

FOR OFFICE USE ONLY

Account Number _____

Partial _____

Rebate	Project #	Task	Amount
	05301	2.9	

SR _____ HH _____ S _____ D _____

Expenditure Type: Tax Refunds
 Organization Type: FN Revenue Program

Action	Initial	Date
Received		
Interviewed		
Affidavit		
Review		
Oracle		
Ch Mailed		

City of Arvada Use Only