

CITY OF GREELEY
SALES TAX ON FOOD REBATE PROGRAM
2017



Guidelines for the 2017 Food Tax Rebate Program

In conjunction with the repeal of the exemption from sales tax on food for home consumption the city has established a rebate program for Greeley residents. For the 2017 rebate program, the rebate will be \$65.00 per person. The guidelines and qualifications follow.

The applicant must have total 2017 annual family income at or below the following levels:

Number of Family Members	Income
1	\$25,700
2	\$29,400
3	\$33,050
4	\$36,700
5	\$39,650
6	\$42,600
7	\$45,550
8	\$48,450

In determining income for qualifying the following income amounts should be included:

1. Wages, salaries, tips, etc.
2. Interest income, dividends, etc.
3. Social Security income, Supplemental Security Income
4. Pensions, V.A. benefits, Old Age Pension
5. Social Assistance (i.e. AFDC), other income.

Family members are legal dependents claimed on federal form 1040. All of these items should appear on the applicant's 2017 Federal Income Tax Return for verification purposes.

The applicant must have been a resident of Greeley for at least ten (10) months during 2017. Proof of the ten month residency must be attached to the application. Examples of proof would be rent receipts, gas bills, electric bills, water and sewer bills, or telephone bills. Copies of the bills must show dates and name and address of person applying for food tax rebate. Applicant must also currently be a resident of Greeley. Any of the above examples dated at the time the application is filed or a copy of a current driver's license with the applicant's current address will show proof of current residency.

The applicant must have a street address not general delivery or a post office box number. Include your phone number.

Rebate checks will be issued periodically and mailed to the address on the application.

Applications for the 2017 rebate program will be taken February 1, 2018 to May 31, 2018.

Return the completed application and attachments to the Finance Department, City of Greeley, 1000 10th Street, Greeley CO 80631 on or before May 31, 2018.

FREQUENTLY ASKED QUESTIONS/GENERAL INFORMATION

1. Must I live within the City of Greeley limits to apply for the rebate?
Answer: **Yes**. Only those persons living within the city limits of Greeley are eligible for this rebate.
2. Do you have to fill out this form if you filled it out last year?
Answer: **Yes**. A household size may have changed due to a death or birth or other members living with you during the year. This also speeds up the process to get your rebate.
3. Must I provide my children's Social Security number?
Answer: **Yes**. These are needed for household verification.
4. Do I have to include my income tax return if I send my W-2?
Answer: **Yes**. To qualify for the rebate you must have filed your taxes if required and a copy of the tax return you filed is required.
5. Do I have to include income benefits I received through Weld County Social Services?
Answer: **Yes**. All income you or your household members received must be reported on your application, even if it's not included on your income tax forms.
6. How long will it take before I receive my rebate?
Answer: **Due** to the process involved it may take as long as 3 weeks before your check is mailed to you.
7. Do you have to have both husband's/wife's signature on the application?
Answer: **If** you are a married couple living in the same household then you must both sign the application.



Application # 2017-_____

2017 Sales Tax on Food Rebate Program Application Form

In order to qualify for this rebate, the application must be completed and returned to our office or postmarked by May 31, 2018. Mail completed application to the City of Greeley, Finance Department, 1000 10th Street, Greeley CO 80631 or bring in application to the Finance Department, City Hall, 1000 10th Street, Greeley CO. Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Qualified applicants are eligible for one rebate per year.

Last Name	First Name	Middle Initial	Birth Date	Applicant Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address	City	State	Zip	Phone #
Mailing Address (if different)	City	State	Zip	Applicant SSN # See separate page
Spouse's Name		Spouse Date of Birth	Spouse Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse's SSN # See separate page

Were you a resident of Greeley for at least 10 months in 2017? Yes No
 Are you currently a resident of Greeley? ? Yes No

Eligible family members should be listed below. Please bring social security cards for each eligible family member for verification.

NAME	Age	Disabled?	Social Security #
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please use the worksheet below to itemize income sources and amounts. Proof of income must accompany this application. The application will be denied if the information is not attached. Proof may include, but not limited to, copies of the following:

1. Wages, salaries, tips, etc.
2. Interest income, dividends, etc.
3. Social Security income, Supplemental Security Income
4. Pensions, V.A. benefits, Old Age Pension
5. Social Assistance (i.e. AFDC), other income.

Include ALL income categories that apply	Gross YEARLY Household Income
1. Salaries, wages, tips, and other employee compensation	\$
2. Interest and dividends	\$
3. Grants and loans	\$
4. Business income, including farm income, rents, and royalties	\$
5. Social Security benefits (except Medicare)	\$
6. SSI benefits	\$
7. SSDI benefits	\$
8. Weld County Social Services assistance (AND, OAP, TANF, etc.)	\$
9. Home care	\$
10. Child support & alimony	\$
11. Pensions and annuities	\$
12. All other income – please explain	\$
Total 2017 Income (Add lines 1 through 12):	\$

Under penalty of perjury, I declare that I have read and understand the information and qualifications of this application and, to the best of my knowledge, the information is accurate and complete. Applications must be signed to be eligible for a food tax rebate.

Signature Date

Spouse Signature Date

Prepared by Date

Preparer's Phone number

For Office Use Only	
Application #	_____ 2017 _____ Date Received _____
# Family Members	_____
Verified: Income \$	_____
Signature	_____
Rebate amount \$	_____

How did you hear about the Rebate Program? _____

Please call the Food Tax Rebate telephone number at 970.350.9748 for assistance.



Application # 2017-_____

2017 Social Security Verification

Last Name	First Name	Birth Date	Applicant SSN #
Home Address	City	State	Zip
Spouse's Name		Spouse Date of Birth	Spouse's SSN #

Please enter applicant and spouse social security number here. Social security numbers for eligible family members will be verified but not entered on application.

Once application is processed shred this document.

AFFIDAVIT OF LAWFUL PRESENCE

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, or

___ * I am a Permanent Resident of the United States, or

___ * I am lawfully present in the United States pursuant to Federal law.

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.

Signature

Date

*If Affiant affirms that he/she is either a Permanent Resident or otherwise lawfully present in the United States, please have Affiant complete the S.A.V.E. verification form and forward both forms to H.R. for verification of lawful presence in the S.A.V.E. program.

For internal use only:

**IDENTIFICATION
PROVIDED**

- ___ Current Colorado Driver's License or Permit
- ___ Current Colorado Identification Card Issued by
Department of Motor Vehicles
- ___ United States Military Card
- ___ United States Military Dependent Identification
Card
- ___ United States Coast Guard Merchant Mariner Card
- ___ Native American Tribal Document

For internal use only:

ALTERNATE I.D. REQUIREMENTS

If applicant can not produce one of the identification documents listed at left, please refer to Attachments A and B of the Department of Revenue's "Rules for Evidence of Lawful Presence" located at U:\City Attorney\Immigration\Department of Revenue Rules.doc

Questions? contact the City Attorney's office.

S.A.V.E. VERIFICATION FORM

Pursuant to Section 24-76.5-103 of the Colorado Revised Statutes, the City of Greeley must verify that individuals who apply for public services from the City are lawfully present in the United States. If an Applicant executes the Affidavit stating that he or she is an Alien lawfully present in the United States, the City of Greeley must verify such lawful presence through the federal Systematic Alien Verification of Entitlement program ("SAVE program"). This verification program is operated by the United States Department of Homeland Security.

The following information is required in order for the City to perform the SAVE program verification. In addition, please affix to this form a legible copy of your identification or other documentation which demonstrates lawful presence in the United States.

Name _____

Telephone Number _____

Social Security Number _____

Date of Birth _____

- City Benefit requested:**
- Food Tax Rebate
 - Water and Sewer Department Rebate
 - Commercial/Professional License
 - Liquor License
 - Loan (including Historic Preservation loans)
 - Grant
 - Emergency Assistance

For internal use only:

Requesting Department _____
Staff contact _____

Forward the Affidavit, SAVE Verification form, and copy of appropriate identification documents to H.R.

H.R. use only:

___ S.A.V.E. verification performed
___ Affiant is lawfully present in the United States
___ Affiant is not lawfully present in the United States

___ Documents returned to originating Department.