



Application # 2016-

## 2016 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, 2017. Mail completed application to the City of Greeley, Finance Department, 1000 10<sup>th</sup> Street, Greeley CO 80631 or bring in application to the Finance Department, City Hall, 1000 10<sup>th</sup> 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 2016? 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	\$
<b>Total 2016 Income (Add lines 1 through 12):</b>	\$

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

<b>For Office Use Only</b>	
Application #	_____ 2016 _____ 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.



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## 2016 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.