

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORMS.  
FORMS MUST BE RETURNED BETWEEN MARCH 1, 2008 AND JUNE 30, 2008



2007  
City of Durango  
Food Tax Rebate  
Application Forms and Instructions

**You may qualify for the City of Durango Food Tax Rebate Program if you meet ALL of the following requirements.**

- The applicant must have been a full-time resident in the city limits of the City of Durango for the full twelve (12) month period of the year for which the rebate is claimed. **Proof of residency will be required.** An applicant must apply for all family members within the household and must list all family members and identify related income for each family member. If an applicant is an individual, they must establish that he or she has not been claimed as a dependent on anyone else's tax return for the year for which a rebate is claimed.
- The applicant and all listed family members on the application **must meet the following income guidelines** (see chart below), as set forth by the United States Department of Housing and Urban Development. Income is defined as income from all sources for the rebate year.

Number of Family Members on Application	Total Income from All Sources	Food Sales Tax Rebate Amount
One	\$20,800	\$ 50
Two	\$23,750	\$ 98
Three	\$26,750	\$120
Four or More	\$29,700	\$144

- You must be lawfully present in the United States to claim a rebate. Family members, including the applicant, who are 18 years and older must sign an affidavit and provide a copy of a valid identification form. These must be submitted with the Food Tax Rebate application.

Applications and instructions are available at City Hall, 949 E 2<sup>nd</sup> Avenue, Durango, and on the City's website at [www.durangogov.org/FORMS](http://www.durangogov.org/FORMS).

All applications and required documentation must be received by June 30, 2008. Incomplete applications will not be processed. No late applications will be accepted. All rebate checks will be mailed. Please allow 4-8 weeks for processing. If you have any questions about the program or the application, please call 970-375-5035 and leave a message or email questions to [finance@ci.durango.co.us](mailto:finance@ci.durango.co.us).

**CITY OF DURANGO**

Food Tax Rebate Application

**Send completed forms with all attachments to:**

City of Durango

Food Tax Rebate Program

949 E 2<sup>nd</sup> Ave.

Durango CO 81301

**For Office Use Only**

Date Processed: \_\_\_\_\_

Verified Income: \_\_\_\_\_

Verified Residency: \_\_\_\_\_

Rebate Amount: \_\_\_\_\_

G/L Account: 11481137029

Claim Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Last Name	First name and initial	Date of Birth			Number of Months at Current Address
		Month	Day	Year	
Applicant					
Spouse					
Mailing Address					
Street Address					
City	State	Zip		Phone Number	

**ADDITIONAL FAMILY MEMBER TABLE: Please list below all family members to be included in this application that are not already listed above. Only one application is allowed per family household. Family members are only those persons that you claim on your Federal Tax Return.**

Family Household Members			
Full Name	Relationship to Applicant	Date of Birth	Number of Months at Address Listed Above

**RESIDENCY INFORMATION REQUESTED:** You must provide documentation that you, your spouse, and other family members resided within the city limits of Durango for the entire 12 month period for the year you are claiming a rebate. Acceptable forms of proof include the following. Please check the box next to the document(s) you will be attaching to this application to prove residency.

Copy of a utility bill from City of Durango showing city's utility account number. The bill must show your name. If you resided at several different addresses within the City during 2007, please provide a copy of a utility bill from each address.

Copy of a rental lease covering the rebate period. For instance, if the rebate period is 2007, please provide the lease covering that time period.

Please fill in the blank with a description of other documents provided to prove residency for the entire year of 2007 \_\_\_\_\_

You must be lawfully present in the United States to claim a rebate pursuant to the Colorado Revised Statutes section 24-76.5-103. All residents in the household that are listed on the application and are over the age of 18 must sign and submit the attached affidavit and provide a copy of a valid form of identification with the Food Tax Rebate Application. Valid forms of identification include: (1) Valid Colorado drivers license, (2) Valid Colorado issued ID card, (3) US military card or military dependent's ID card, (4) US Coast Guard Merchant Mariner Card, or (5) A Native American Tribal Document.

**INCOME INFORMATION WORKSHEET: All 2007 income must be listed for all people included on this application. Please list amounts from all sources that you or members received during 2007. You will be required to submit documents verifying the accuracy of this information.**

Income Table					
Source of Income	Yourself	Spouse	Family Member #1	Family Member #2	Total Amount
Salaries, wages, tips, and other employee compensation.					
Interest income, dividends, stock income					
Business income, including farm, rents and royalties					
Social Security benefits					
Private pensions, Old Age pension or VA benefits					
Alimony/Child Support					
Workers Compensation					
Other disability income					
Other income (explain)					

- If the application is for the applicant only (as an individual), he or she must establish that they are not claimed as a dependent on anyone else's tax return for the year for which the rebate is claimed.
- You **MUST** attach a copy of your **2007 Federal Tax Return** if you are required to file a Federal Tax Return.
- If you are **NOT** required to file a Federal Tax Return you must attach some sort of legal document such as your Social Security income statement and/or any other document that would verify income you have received.
- **Failure to provide income documentation will result in a rejection of your application.**

DECLARATION: I/We do affirm that I/we and anyone included on this application have lived within the City of Durango city limits for the entire year 2007; that I/we meet the income eligibility criteria in the application and instructions for the City of Durango Food Tax Rebate program; and that all the information included on and with this application is correct.

---

Applicant's Signature	Date	Spouse's Signature	Date
-----------------------	------	--------------------	------

All applications must be received by June 30, 2008  
 No late applications will be accepted  
 Please allow 4-8 weeks for processing

Mail completed application and attachments to:  
 City of Durango  
 Food Tax Rebate Program  
 949 E 2<sup>nd</sup> Avenue  
 Durango, CO 81301

**Have you enclosed the following?**

- Signed and completed Food Tax Rebate Application
- Residency Documentation - Required
- Income Verification Documentation - Required
- Affidavit of Lawful Presence and copies of valid identification - Required.

**The City of Durango is not responsible for processing incomplete applications.**

City of Durango  
Affidavit of Lawful Presence

Primary Applicant

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.

---

Spouse, if applicable

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 the State 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.

Primary Applicant Signature	Date
Spouse Signature	Date

You must provide a copy of valid identification with this signed affidavit. See the Food Tax Rebate application for a list of valid forms of identification that will be accepted.