

# 2021 City of Durango FOOD TAX REBATE

Application, Instructions and Forms

#### ALL FORMS AND SUPPORTING DOCUMENTS MUST BE RETURNED BY JULY 8, 2022

### READ ALL INSTRUCTIONS BEFORE COMPLETING

You may qualify for this City of Durango program if you meet all the following requirements:

- The applicant must have been a full-time resident in the city limits of the City of Durango on December 31 and for the full twelve (12) months of 2021. 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.
- The applicant and all listed family members on the application <u>must meet the following income</u> <u>guidelines (see chart)</u> as set forth by the United States Department of Housing and Urban Development. <u>Income is defined as income from all sources for the rebate year.</u>

Number of Family Members on Application	Total Income from All Sources	Food Tax Rebate Amount
One	\$ 30,700	\$ 130
Two	\$ 35,100	\$ 244
Three	\$ 39,500	\$ 276
Four or more	\$ 43,850	\$ 330

• 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 the included <u>Affidavit of Lawful Presence</u> and provide a copy of a valid identification form. These must be submitted with the Food Tax Rebate application.

Incomplete applications will not be processed. No late applications will be accepted. All rebate checks will be mailed. Processing may take 4-8 weeks. If you have any questions about the program or application, please call 970-375-4801 or email customerservice@durangogov.org.

# CITY OF DURANGO

Food Tax Rebate Application

## Send completed forms with all documents 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		rth	Number of Months at Current Address	
Applicant			Month	Day	Year		
Spouse							
Mailing Address							
Street Address							
City	State	Z	Zip		Phone	one Number	
ditional Family Household Members Table: Please list below all family members to be included in this plication that are not already listed above. Only one application is allowed per family household. Family embers are only those persons that you claim on your Federal Tax Return.							

Additional 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. Please check the box next to the documents you will be attaching to this application to prove residency. Acceptable documents of proof include the following:

Copy of a utility bill from the 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 2021, 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 2021, 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 2021

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 included <u>Affidavit of Lawful Presence</u> and provide a copy of a valid form of identification with the Food Tax Rebate application.

**Valid Forms of Identification Include:** (1) Valid Colorado driver's 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 2021 income must be listed for all people included on this application. Please list amounts from all sources that you or family members received during 2021. 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)					

- You must attach a copy of your signed **2021 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.

<b>Declaration</b> : 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 2021; I/We meet the income eligibility criteria in the application and
instructions for the City of Durango Food Tax Rebate program; and all the information included on and with this
application is correct.

Applicant's Signature	Date	Spouse's Signature	Date

# City of Durango **Affidavit of Lawful Presence**

	, 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 Un	
☐ I am lawfully present in the United S	tates 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 Un☐ I am lawfully present in the United S	nited States or,
☐ I am lawfully present in the United S	states pursuant to Federal law.
Family Member #1 (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 Un	nited States or,
I am lawfully present in the United S	states pursuant to Federal law.
Family Member #2 (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 Un	ited States or,
I am lawfully present in the United S	tates pursuant to Federal law.
	•
I understand that this sworn statement is required	by law because I have applied for a public benefit. I understand
	am lawfully present in the United States prior to receipt of this
	g a false, fictitious or fraudulent statement or representation in
	nal laws of the State of Colorado as perjury in the second degree
	shall constitute a separate criminal offense each time a public
benefit is fraudulently received.	•
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Primary Applicant Signature	Date
Spouse Signature	Date
Other Adult in Home Signature	Date
Other Adult in Home Signature	Date
You must provide a copy of valid identification v	with this signed <u>Affidavit of Lawful Presence</u> . See the Food Tax
Rebate application for a list of valid forms of idea	ntification that will be accepted.
Have you enclosed the following required docu	uments?
Completed and Signed the Food Tax Rebate	
Residency Documentation (examples: Renta	ıl lease, Utility bill, etc.)
☐ Income Verification Documentation (examp	les: Tax return, Social Security statement, etc.)
Affidavit of Lawful Presence and copies of v	valid identification

THE CITY OF DURANGO IS NOT RESPONSIBLE TO PROCESS INCOMPLETE APPLICATIONS