



# TOWN OF ESTES PARK 2021 FOOD TAX REFUND PROGRAM

[www.estes.org/finance](http://www.estes.org/finance)

## GUIDELINES AND APPLICATION INSTRUCTIONS

***PLEASE carefully read the instructions below to determine if you qualify for a Food Tax Refund of sales taxes paid during 2020 before filling out or returning this form. Due to the COVID-19 pandemic, the application process for 2021 has been streamlined to reduce the need for in-person contacts and copies of documentation for certain qualifying individuals. Please refer to information below to see if you qualify for this streamlined process. These changes are for 2021 only.***

### **DO YOU QUALIFY?**

You and anyone listed on your application must have lived within the boundaries of the EVRPD (Larimer/ small portion of Boulder County) during the **entire 12-month period of 2020**, and must meet the income guidelines (see chart in next section) as set forth by the United States Department of Housing and Urban Development.

**You MUST fall within one of the following categories:**

Resident family with dependent children under the age of 18. If a dependent turned age 18 during 2020, or if a child was born in 2020, they are eligible to be included on this application.

Resident(s) who is/are disabled and received disability income in 2020.

Resident(s) who is/are at least 65 years of age, or turned 65 in 2020.

### **INCOME GUIDELINES:**

#### **Streamlined Options:**

The following options are provided to reduce the need for copies of documentation, hereby reducing the need for interactions with staff just to make copies. The following programs perform income verification before granting assistance and their income guidelines are comparable to this program's. The Town will verify participation in these programs and will use that information as well as the information in this application form to determine eligibility under the 2021 Food Tax Refund Program.

**LEAP Participation** – If you received LEAP (Low-income Energy Assistance Program) assistance through the Colorado Department of Human Services and it was applied to your Town of Estes Park utilities over the 2020- 2021 winter season, you will not need to provide copies of income verification documentation. The Town has record of the LEAP payment applied to your utility account identified in this application.

**Crossroads Ministry of Estes Park Assistance** – If you received assistance from Crossroads Ministry over the 2020-2021 winter season, you will not need to provide copies of income verification documentation. The Town will verify that assistance had been provided by Crossroads upon receipt of this application.

**2021 Food Tax Refund** – If you received a Food Tax Refund from the Town in 2020, you need only certify below any changes to your status and return this completed application. You do not need to provide copies of income verification documentation.

**Standard Process:**

If you do not qualify under the foregoing streamlined options, you can still use the standard process. This process uses copies of your 2020 income tax return or other 2020 income documentation to determine income eligibility. To determine your eligibility under the standard process, locate your household gross income bracket under "Gross Income." **Household gross income includes all taxable, non-taxable, and dependent income of those residing at the same address.**

**Benefit Level:**

After determining income eligibility, find the number of persons you are including on your application along the top of the chart to determine the amount you may be eligible for.

Gross Income	Household Size and Refund Amount				
	1	2	3	4	5+
Up to \$33,600	\$100	\$150	\$200	\$250	\$300
Up to \$38,400		\$150	\$200	\$250	\$300
Up to \$43,200			\$200	\$250	\$300
Up to \$47,950				\$250	\$300
Up to \$51,800					\$300

**IF YOU QUALIFY, you may continue filling out the Food Tax Refund Application below. Incomplete applications will be returned. Please read the instructions carefully for each section.**



# TOWN OF ESTES PARK 2021 FOOD TAX REFUND APPLICATION

[www.estes.org/finance](http://www.estes.org/finance)

<b>- For Office Use Only -</b>			
Date Rec'd. _____	<input type="checkbox"/> /F	<input type="checkbox"/> /D	<input type="checkbox"/> /E
No. of Family Members: _____			
Income: _____		Refund Amt: _____	
Utility Acct. Arrears: _____			
Acct. Number: _____			

1A) Did you receive LEAP assistance through the Colorado Department of Human Services and had it applied to your Town of Estes Park utility account between October 1, 2020 and May 31, 2021?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

1B) Did you receive assistance from Crossroads Ministry of Estes Park between October 1, 2020 and May 31, 2021? Yes: \_\_\_\_\_ No: \_\_\_\_\_

1C) Did you receive a Food Tax Refund from the Town of Estes Park under this program in 2020? Yes: \_\_\_\_\_ No: \_\_\_\_\_

1D) Did you file a Federal tax form in 2020? Yes: \_\_\_\_\_ No: \_\_\_\_\_

1E) Do you want your entire refund applied to your utility account? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(Please note: if you qualify for a refund and have an overdue balance on your Town utility bill, all or a portion of your refund will be applied to your utility account up to the amount overdue.)*

1F) Street Address of Residence (not PO Box)  
\_\_\_\_\_  
\_\_\_\_\_

### **1G) Applicant Information:**

_____	_____	M	_____	Age _____
Applicant's Last Name	First Name		Social Security #	(verification for public assistance)

_____	_____	M	_____	Age _____
Co-Applicant's Last Name (if filing jointly)	First Name		Social Security #	(verification for public assistance)

_____	_____	_____	_____	_____
Mailing Address	Town	State	Zip Code	Phone Number

**1H) Dependent Information:**

List below all persons you wish included on this application (do not list Applicant & Co-Applicant as their names appear above.) If a dependent turned age 18 during 2020, or if a child was born in 2020, they are eligible to be included on this application.

Full Name	Relationship to Applicant/ Co-Applicant	Age	Social Security No. (verification for public assistance)

**2A) Residency Requirements:**

You and anyone listed on your application (i.e. dependents) must have lived within the boundaries of the EVRPD (Larimer County) during the **entire 12-month period of 2020**. You must provide and attach proof of your address(es) during 2020, except as provided in 2Ai below. Acceptable forms of proof of address include:

legible copies of:

- i. Utility bills for 2020 showing your address(es) from 1/01/20 and 12/31/20.
  - (Note: If you had utilities in your name with the Town, you do not need to supply copies.)
- ii. A Valid Colorado Driver's License or Colorado I.D. Card reflecting your 2020 address.
- iii. If you are a renter, provide copies of: (1) your rent receipts from 1/01/20 and 12/31/20, or (2) a copy of your 2020 lease agreement(s) for all addresses you resided at.

**Please list below all addresses at which any/all persons included on this application resided during 2020.**

Full Name	Residential Address	Town	State	From	To

**2B) Affidavit of Lawful Presence:**

State statutes (CRS 24-76.5) require that any person(s) age 18 or older applying or reapplying for local public benefits must complete an Affidavit of Lawful Presence form, and attach the appropriate identification, even if you have applied before.

To facilitate this, the Town will accept pictures of ID's and / or copies instead of requiring in-person presentation due to the COVID-19 pandemic. These pictures can be emailed to [MRoper@estes.org](mailto:MRoper@estes.org) or printed out and attached to the written affidavit.

### **3) Income Eligibility:**

#### **3A) Streamlined Process:**

If you qualify under 1A, 1B, or 1C above, you do not need to provide copies of proof of income documentation required under 3B or 3C below. Simply sign the streamlined process certification at the end of this application stating that your income situation has not changed significantly from 2020.

#### **3B) Disability:**

In order to prove qualification by disability, you must have **received** disability income in 2020 by providing the following:

- A Social Security Disability Insurance (SSDI) statement for **2020**; or
- Supplemental Security Income (SSI) statement for **2020** if you are not 65; or
- An official letter from your doctor stating you were disabled in 2020.

#### **3C) Standard Income Verification:**

**You must provide proof of your household's 2020 gross taxable, non-taxable, and dependent income.** If you and/or your dependents filed a 2020 tax return in 2021, you **must** provide a copy of all Federal Forms 1040 or 1040A with this Application.

**If you did not file a 2020 tax return in 2021**, you must provide acceptable forms of proof of income. Include copies of the following forms:

- All **2020** W-2's (including dependents);
- And/or statement of the **2020** Social Security income, S.S.I., S.S.D.I.
  - **\*\*you may need to contact Social Security to obtain this form\*\***
- And/or statement(s) of **2020** income from the following sources: wages, alimony, child support, A.N.D. (Aide to Needy & Disabled), O.A.P. (Old Age Pension), T.A.N.F. (Larimer County Works);
- And/or statements of VA benefits, IRA, pension, interest, dividends or stocks.

If you received any income through Human Services during **2020**, you must complete the **"Income Release Form for Larimer County Human Services"** and submit it to Larimer County Human Services.

**In order to receive this refund, you must fill out the worksheet below to determine your 2020 total ANNUAL household gross income.**

<b>Source of Income</b>	<b>Total ANNUAL \$</b>
Salaries, wages, tips & other employee compensation	
Interest income, dividends, real estate rental income, stock income	
IRA, Private Pensions, and/or VA Benefits	
Social Security Benefits (MINUS Medicare payment)	
SSI, SSDI, AND, TANF, OAP, Home Care	
Dependent Income	
Business income including farm, rents & other royalties	
Alimony / Maintenance	
Child Support	
Worker's Compensation/Unemployment Benefits	
Other Disability Income	
Other Income	
<b>TOTAL ANNUAL HOUSEHOLD INCOME FOR 2020</b>	

#### **4) Application Submission/Filing Date:**

Incomplete applications will be returned and are subject to the June 30th filing deadline. We encourage applicants to use the utility drop box at Town Hall 170 MacGregor Ave outside the PD entrance or mail the application. Applications can be mailed, but must be postmarked by June 30<sup>th</sup> to be accepted.

You must submit your **completed** application together with the appropriate verification to the **Town Hall, Finance Department, 170 MacGregor Ave., by June 30, 2021**. The mailing address is

ATTN: Food Tax Refund  
Town of Estes Park  
PO Box 1200  
Estes Park, CO 80517-1200.

If you wish to make an appointment for in person applications or if you have any questions concerning the refund program or the application requirements, please call (970) 577-3567, 577-3563, or 577-3568. Limited 30 minute appointments are available 9-11am and 2-4pm.

**Checklist:** Use the following checklist to assist you in submitting a complete application along with the required documentation:

##### **Streamlined Process:**

- Completed application form
- Completed and Signed Applicant Declaration (5A) and Streamlined Certification (5B) (Sign both)
- Completed Affidavit of Legal Presence form(s), along with copy(ies) of a valid ID.

##### **Standard Process:**

- Completed application form
- Proof of dependents (if applicable)
- Proof of income (do not submit originals)
- Proof of residency (do not submit originals)
- Completed Income Release Form from Larimer County Human Services (if applicable)
- Completed Affidavit of Legal Presence form(s), along with copy(ies) of a valid ID.
- Completed and Signed Applicant Declaration (5A)

**Signatures:**

**5A) Applicant Declaration – ALL APPLICANTS:**

**APPLICANT DECLARATION:** I/We do affirm that I/We and anyone included on this application lived within the boundaries of the EVRPD (Larimer County) during 2020; that I/We and anyone included on this application meet all guidelines of the Town of Estes Park’s Food Tax Refund Program as set forth in the Town of Estes Park’s Food Tax Refund Program Guidelines; and that I/We have examined this application and to the best of my/our knowledge, all information is correct. I/We understand that the refund check will be delayed if the information on this application is incorrect and/or the application does not contain required information.

\_\_\_\_\_  
Applicant’s Signature                      Date                      Co-Applicant’s Signature (if filing jointly)                      Date

**5B) Streamlined Certification – Applicants using the Streamlined Documentation Process  
(Not required if not using streamlined certification process):**

**STREAMLINED PROCESS CERTIFICATION:** I/We do affirm under the law that I/We qualify under section 1A, 1B, or 1C above for the streamlined process; that the income status has not changed significantly from 2020, and that I/We have examined this application and to the best of my/our knowledge, all information is correct.

\_\_\_\_\_  
Applicant’s Signature                      Date                      Co-Applicant’s Signature (if filing jointly)                      Date

**REQUIRED FOR ALL APPLICANTS**

**AFFIDAVIT - LAWFUL PRESENCE RESTRICTIONS**

*(Each applicant age 18 and older applying or reapplying for the Food Tax Refund must complete this form and attach acceptable form of ID)*

<p>I, _____</p> <p>residing at _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):</p> <p><input type="checkbox"/> I am a United States citizen, or</p> <p><input type="checkbox"/> I am not a United States citizen but I am a legal Permanent Resident of the United States</p> <p>I am not a United States citizen but I am lawfully present in the United States pursuant to Federal Law.</p> <p><input type="checkbox"/> I am a foreign national not physically present in the United States</p>	
<p>Per CRS 24-76.5, <b>the following documents are acceptable forms of identification and a copy must be attached to this form, even if you have submitted a copy in the past:</b></p> <ul style="list-style-type: none"><li>✓ Valid Colorado Driver's License</li><li>✓ Valid Colorado ID card</li><li>✓ Military ID</li><li>✓ Coast Guard mariner document</li><li>✓ Native American tribal document</li></ul>	
<p>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.</p>	
Signature	Date