



# City of Arnold

Ron Counts, Mayor

THE CITY OF ARNOLD WILL BE ACCEPTING APPLICATIONS FOR THE UTILITY TAX REBATES DURING THE MONTH OF OCTOBER. TO QUALIFY FOR A REFUND, YOU MUST BE A RESIDENT LIVING WITHIN THE CITY LIMITS OF ARNOLD, 62 YEARS OF AGE OR OLDER OR CERTIFIED AS TOTALLY DISABLED. YOUR TOTAL HOUSEHOLD INCOME MUST NOT EXCEED \$30,000 ANNUALLY. TO RECEIVE THE REFUND, THE FOLLOWING DOCUMENTS MUST BE PRESENTED. **(WITHOUT THE PROPER DOCUMENTS, THE CITY CAN NOT PROCESS THE APPLICATION AND THE CITY CANNOT MAKE COPIES FOR YOU):**

1. PROOF OF AGE-COPY OF DRIVER'S LICENSE, BIRTH CERTIFICATE, ETC.
2. PROOF OF TOTAL INCOME FOR THE YEAR-WAGES, PENSIONS, UNEMPLOYMENT, SOCIAL SECURITY CHECKS, PUBLIC ASSISTANCE OF ANY KIND, INTEREST, DIVIDENDS, (2019 TAX RETURNS PROVIDES THIS INFORMATION)
3. PAID GAS AND/OR ELECTRIC BILLS FOR MARCH 2020 THROUGH AUGUST 2020 (BILL WILL SHOW AMOUNT OF ARNOLD CITY TAX PAID, **ONLY THE ARNOLD CITY TAX WILL BE INCLUDED IN CALCULATING THE AMOUNT OF A REFUND**)
4. COPY OF PROOF OF OWNERSHIP-DEED, REAL ESTATE TAX RECEIPT, ETC. IF RENTING, COPY OF A RENT RECEIPT OR LEASE AGREEMENT.
5. FOR DISABILITY REFUND – RECENT LETTER OF DISABILITY AND COPY OF RECENT CHECK FROM SOCIAL SECURITY.

**ONLY RESIDENTS WITHIN THE CITY LIMITS OF ARNOLD, WHO PAY AN ARNOLD TAX ON THEIR UTILITY BILLS ARE ELIGIBLE. APPLICATIONS MUST BE POST MARKED BY OCTOBER 31, 2020.**  
APPLICATIONS ARE AVAILABLE ON THE CITY'S WEBSITE AT [WWW.ARNOLDMO.ORG](http://WWW.ARNOLDMO.ORG) OR IN THE LOBBY OF THE ARNOLD POLICE DEPARTMENT, 2101 JEFFCO BLVD.

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**City Hall**  
2101 Jeffco Blvd.  
Arnold, MO 63010  
636/296-2100

**Parks and Recreation**  
1695 Missouri State Rd.  
Arnold, MO 63010  
636/282-2380

**Public Works**  
2900 Arnold Tenbrook Rd.  
Arnold, MO 63010  
636/282-2386

## UTILITY TAX REFUND CHECK-LIST

THE CITY OF ARNOLD WILL BE ACCEPTING APPLICATIONS FOR UTILITY TAX REBATES DURING THE MONTH OF OCTOBER. TO QUALIFY FOR A REFUND, YOU MUST BE 62 YEARS OF AGE OR OLDER OR CERTIFIED AS TOTALLY DISABLED. YOUR TOTAL HOUSEHOLD INCOME MUST NOT EXCEED \$30,000 ANNUALLY AND MUST INCLUDE THE INCOME OF ALL RESIDENTS LIVING IN THE HOUSEHOLD.

TO RECEIVE THE REFUND, THE FOLLOWING **COPIES OF DOCUMENTS MUST BE PRESENTED. ATTACH LEGIBLE COPIES.** COPIES WILL NOT BE RETURNED. IF MAILING, PLEASE BE SURE TO ATTACH PROPER POSTAGE.

### **FAILURE TO PROVIDE PROPER DOCUMENTS, WILL VOID APPLICATION**

To be eligible, you must provide the following:

- \_\_\_\_\_ Proof of age: photo ID, driver's license, or birth certificate
- \_\_\_\_\_ Proof of total income for the year 2019. This includes wages, pensions, unemployment, social security, disability payments, public assistance of any kind, interest, dividends etc
- \_\_\_\_\_ Proof of ownership: deed, real estate tax receipt, etc. If renting, include a rent receipt or copy of lease agreement
- \_\_\_\_\_ Legible copy of paid gas and electric bills for the six month period indicating municipal tax paid (ONLY ARNOLD CITY TAX WILL BE INCLUDED IN CALCULATING A REFUND)
- \_\_\_\_\_ If disabled and not yet 62, a recent letter of disability and letter from Social Security
- \_\_\_\_\_ Signed and completed application

### **FAILURE TO PROVIDE ALL INFORMATION REQUIRED, WILL VOID YOUR APPLICATION.**

MAIL TO: CITY OF ARNOLD  
2101 JEFFCO BLVD.  
ARNOLD, MO 63010  
ATTN: UTILITY REFUND

APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY **OCTOBER 31, 2020**



## City of Arnold Refund of Utility Taxes Paid

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Names & ages of other persons residing at above address \_\_\_\_\_

**TOTAL INCOME CAN NOT EXCEED \$30,000.00** – Percentage of refund is based on total income of all occupants in the household.

INCOME STATEMENTS:

Dividends \$ \_\_\_\_\_  
Interest Income \_\_\_\_\_  
Pension \_\_\_\_\_  
Public Assistance \_\_\_\_\_  
Social Security \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Wages \_\_\_\_\_  
Other Misc \_\_\_\_\_  
GRAND TOTAL \_\_\_\_\_

TAXES PAID ON UTILITY BILLS:

<u>MONTH</u>	<u>GAS</u>	<u>ELECTRIC</u>
March	\$ _____	\$ _____
April	\$ _____	\$ _____
May	\$ _____	\$ _____
June	\$ _____	\$ _____
July	\$ _____	\$ _____
August	\$ _____	\$ _____
GRAND TOTAL -- GAS & ELECTRIC	\$ _____	

STATEMENT OF ASSURANCE

I do hereby state, under penalty of law, that the information furnished by me to obtain a refund of gross receipts, taxes paid, as authorized by the City of Arnold Code of Ordinances, is to the best of my knowledge and belief, true and correct, and that I am entitled to such refund.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Office Use Only:**

Percentage of Refund: \_\_\_\_\_

Amount Due: \_\_\_\_\_