



City of Arnold

Ron Counts, Mayor

THE CITY OF ARNOLD WILL BE ACCEPTING APPLICATIONS FOR THE UTILITY TAX REBATES DURING THE MONTH OF APRIL. 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, (2023 TAX RETURNS PROVIDES THIS INFORMATION)
3. PAID GAS AND/OR ELECTRIC BILLS FOR SEPTEMBER 2023 THROUGH FEBRUARY 2024 (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 APRIL 30, 2024.

APPLICATIONS ARE AVAILABLE ON THE CITY'S WEBSITE AT WWW.ARNOLDMO.ORG OR IN THE LOBBY OF ARNOLD CITY HALL, 2101 JEFFCO BLVD.

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 APRIL. 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 2023. 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 **APRIL 30, 2024**



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	_____

MONTH

Sept 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024

TAXES PAID ON UTILITY BILLS:

GAS

ELECTRIC

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
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: _____