



City of O'Fallon, Missouri
 100 North Main Street
 O'Fallon, MO 63366
 (636) 240-2000

**Application for Utility Tax Rebate
 (Senior Citizen and/or Disabled Resident)**

The 2016 application for utility tax rebates will be accepted at City Hall during business hours beginning April 1, 2016 and ending May 31, 2016. Applications received after this date will not be accepted. You must bring in proof of age, a **completed income tax return for 2015** and a copy of your utility bills from January 1, 2015-December 31, 2015. If you are a disabled resident, then you must also bring an official document showing that you are determined to be totally disabled by the Social Security Administration.

Please Print

1. Name: _____
2. Address: _____
3. City, State, Zip: _____
4. Telephone # :() _____
5. Do you own or lease your home (circle one)? Own or Lease

I hereby apply for a refund of Gross Receipts Taxes collected by the utility companies from me. I have met the requirements of City Ordinances that prescribe the eligibility for the refund. I am a resident of O'Fallon, Missouri at the property from which I am applying for the refund and I do not owe any past due real or personal property taxes.

Please initial one below:

_____ I swear (or affirm) that I am sixty five (65) years of age, or older; as of December 31, 2015.

Or

_____ I swear (or affirm) that I am totally disabled as determined by the Social Security Administration.

Date: _____ **Signature of Applicant:** _____

(Note: Refund may take up to six weeks.)

For Office Use Only

Year	Gas	Electric	Home Phone	Cell Phone
2015 (January 1-December 31)	\$	\$	\$	\$

Total Amount of Rebate Requested: \$ _____

- | | |
|--|-----------------------------------|
| _____ Total Amount of Refund Verified | _____ Date of Birth Verified |
| _____ Filling Status Verified (Single , Married) | _____ Proof of Residency Verified |
| _____ Proof of Income Verified (maximum 2015 gross income, less social security, of \$39,400 for single households and \$45,000 for married households.) | |
| _____ Proof of Disability Verified | |

Checked by: _____ Entered into Database by: _____ Date: _____

