



DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
3416 Goni Road, Suite D132
Carson City, NV 89706
Telephone (775) 687-4210 • Fax (775) 687-0576
<http://adsd.nv.gov>

APPLICATION FOR SENIOR TAX ASSISTANCE REBATE PROGRAM 2016

You must complete both sides of this application and return original signed application with the appropriate documents.

Name (Last, First, Middle): _____

Spouse's Name (Last, First, Middle): _____

Resident Address: _____

Apt #: _____

Mailing Address: _____

Phone #: _____

PLEASE ANSWER THE FOLLOWING

- Are you a (circle): A-Home/Mobile Owner:
- Did you own and live in NEVADA, continuously, from at least July 1, 2015, until present?Yes No
- Does your (claimant or spouse) name appear on any property, other than the home you live in?Yes No
If yes, what County/State/Country? _____
Parcel #: _____ 2014-15 Assessed Value \$ _____
If your name appears on property besides your residence, attach a copy of the 2014-15 assessment notice.
- Do you use part of your home for Business or for Rental? If yes, what % _____Yes No
- Did anyone (besides yourself and/or spouse) live in your home in 2015?Yes No
If yes, how many persons, besides yourself and spouse? _____
Name(s): _____
- Will you file a Federal Income Tax form for 2015? If yes, you must submit a complete copy,Yes No
including all attachments and documents such as 1099's, W-2's, etc, documenting the Income Tax return.

*All **INCOME** must be listed on the back of this application, regardless of your filing a Federal Income Tax Return AND you must provide year-end documentation for all 2015 income.*

You must complete both sides of this application, attach required documentations, sign & date and return the original form to:

**Aging and Disability Services Division - STAR Program
3416 Goni Rd, Bldg D #132,
Carson City, NV 89706**

by SEPTEMBER 30, 2016

<u>STAMP</u>		<u>FOR OFFICIAL USE ONLY</u>	<u>ADSD DATE</u>
PARCEL NUMBER	ACRES (IF MORE THAN 2)	MOBILE NUMBER	
Total 2014-15 <u>assessed value</u> for residence property (and Mobile) listed above \$			_____
2014-15 <u>Actual Taxes Paid</u> (Less any special assessments, late taxes and delinquent fees) on Residence Property listed above			\$ _____
Are 2014-15 property taxes delinquent? ___ Yes ___ No			

CONTINUED FROM FRONT OF APPLICATION-MUST BE COMPLETED

LIST ALL INCOME RECEIVED IN 2015 and
ATTACH COPIES OF DOCUMENTATION OR VERIFICATION FOR EACH INCOME
MAXIMUM INCOME INDIVIDUAL \$23,540.00 COUPLE \$31,860

<u>ATTACH DOCUMENTATION FOR EACH</u>	<u>CLAIMANT</u>	<u>SPOUSE</u>	<u>TOTAL</u>	<u>Official Use Only</u>
7. Social Security (less Medicare)	\$ _____	\$ _____	\$ _____	11: _____
8. Supplemental Social Security (SSI)	\$ _____	\$ _____	\$ _____	12: _____
9. Pensions; IRA's; Annuities	\$ _____	\$ _____	\$ _____	13: _____
10. Interest and/or Dividends.....	\$ _____	\$ _____	\$ _____	14: _____
<i>* If Interest and/or Dividends exceed \$2,500, see below.</i>				
11. Capital Gains (Loss) in 2015	\$ _____	\$ _____	\$ _____	15: _____
12. Business Income (Loss) in 2015.....	\$ _____	\$ _____	\$ _____	16: _____
13. Wages and/or Unemployment	\$ _____	\$ _____	\$ _____	17: _____
14. Net Rent Rec'd; Royalties; Estates.....	\$ _____	\$ _____	\$ _____	18: _____
15. Alimony or Gambling winnings.....	\$ _____	\$ _____	\$ _____	19: _____
16. <u>Other Income (describe)</u>	\$ _____	\$ _____	\$ _____	20: _____

<u>2015 TOTAL INCOME- Must Not Exceed Individual \$23,540.00 Couple \$31,860.00\$</u> _____				TTL: _____

*If interest and/or dividends exceed \$2,500 for the year, 2015 year-end statements showing the gross (cash) value of these accounts must be attached. If liquid assets exceed \$150,000, the claimant would not be eligible for a refund. Liquid assets can be savings accounts, retirement accounts, CDs, stocks and bonds, annuities, IRAs, etc., that can be cashed out within 3-6 months with a minimum penalty.

I affirm I do not have liquid assets that exceed \$150,000 Yes _____ No _____

Total cash value of ALL interest and/or dividend bearing accounts for 2015 \$_____.

"I affirm and certify that the above information is true and correct to the best of my knowledge."

Signed (claimant) _____ **Date** _____

Signed (spouse) _____ **Date** _____

- Application must be signed and dated by both the claimant and spouse (if applicable) and returned to the Aging and Disability Services Division Office.
- Please note - if someone other than the claimant/spouse signs, a copy (non-returnable) of a POWER OF ATTORNEY must be attached.
- Income verification and documentation must accompany the application. If a 2015 Federal Income Tax Return was filed by the claimant and/or spouse, please submit a copy of the return with all backup documents and schedules.
- If the completed application and all required information along with applicable attachments are not received by Aging and Disability Services Division Office by the due date of September 30, 2016, your application may be denied.
- **Refunds will be paid prior to fiscal year-end June 30, 2017.**

DEADLINE FOR FILING IS SEPTEMBER 30, 2016