



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
3416 Goni Road, Suite D-132  
Carson City, NV, 89706  
Telephone (775) 687-4210 • Fax (775) 687-0574  
<http://adsd.nv.gov>

## Senior Tax Assistance Rebate Program

This statewide program refunds up to a maximum of \$500 on the property tax paid by eligible senior citizens on their primary residence.

### Requirements and Instructions, 2016 Applications

- A. AGE: Claimant must be 65 years of age, on or before, June 30, 2015.
- B. INCOME: includes 2015 income from all sources, both claimant and spouse. Maximum income per 2015 individual \$23,540.00, claimant and spouse maximum income \$31,860.
- C. RESIDENCY: Must have lived and paid property taxes, continuously, in Nevada, from at least July 1, 2015, and must be a full-time Nevada resident at the time of application.
- D. Residence assessed greater than \$500,000 will require a credit report of the Claimant and Spouse.
- E. Claimant or Spouse cannot own, or their names appear on, any property other than their primary residence. This includes property anywhere.
- F. Claimant and/or Spouse cannot have "Liquid Assets" in excess of \$150,000. Liquid assets can be: checking or savings accounts, IRAs, CDs, stocks & bonds, annuities, etc.
- G. Application must be filed with the State of Nevada Aging and Disability Services Division by September 30, 2016.

### THE FOLLOWING INFORMATION MUST BE ATTACHED TO THE APPLICATION

- 1. The claimant and spouse (if applicable) must provide proof of date of birth. Attach a copy of one of the following for each: Nevada Driver's License or Nevada ID card; Birth Certificate; a statement from Social Security (telephone 1-800-772-1213) TTY 1-800-325-0778 that shows "according to their records, your birth date is ....."
- 2. The claimant and spouse (if applicable) must provide proof of Social Security Numbers.
- 3. Submit copies of all 2015 year-end income statements. Income includes, but is not limited to Social Security (to request a duplicate copy of 2015 Benefits Verification Letter call Social Security at 1-800-772-1213); VA (to request a benefit statement from VA for 2015 income call 1-800-827-1000) or TTY 1-800-325-0778; pensions; annuities; IRAs; interest and/or dividends (including non-taxable amounts); capital gains/(loss) (which includes gain from sale of home, even if excluded from federal income taxes); Income from foreign countries; gaming; business income; wages; unemployment; disability income (from any source); net rent received; royalties; estates; inheritances; gifts; family/friend support; babysitting; business and services in exchange for living expense or "rent".
- 4. If claimant receives railroad pension, a copy of the form for 2015 must be attached.
- 5. If claimant receives income from a foreign country, and does not receive a 1099, a copy of the conversion into U.S. funds for each payment received during the 2015 year must be submitted.
- 6. W-2 forms for wages and 1099 form for any unemployment, capital gain/loss, interest/dividends, pension, IRAs, annuities, etc. must be submitted.
- 7. If interest and/or dividends total \$2,500 or more, documentation to show the total dollar amount in each of these accounts as of December 31, 2015 must be submitted.
- 8. You must complete both sides of the application, attach required documentations, sign & date and return original form to:

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

**DEADLINE EXTENDED**  
**OCTOBER 31, 2016**

## DEADLINE FOR FILING — SEPTEMBER 30, 2016



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**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.**

Claimant's Name (Last, First, Middle): \_\_\_\_\_

Spouse/Partner's Name (Last, First, Middle): \_\_\_\_\_

Resident Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING**

- Are you a (PLEASE CIRCLE THE ONE THAT APPLIES):                    A-Home Owner                    OR                    B- Mobile Owner?
- Did you own and live in NEVADA, continuously, from at least July 1, 2015, until present? .....Yes    No
- Does your (claimant/spouse/partner) 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 primary 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/partner) live in your home in 2015?.....Yes    No  
If yes, how many persons, besides yourself and spouse/partner? \_\_\_\_\_  
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**

**DEADLINE EXTENDED**  
**OCTOBER 31, 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b><u>ATTACH DOCUMENTATION FOR EACH</u></b>	<b><u>CLAIMANT</u></b>	<b><u>SPOUSE/PARTNER</u></b>	<b><u>TOTAL</u></b>	<b><u>Official Use Only</u></b>
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. <b><u>Other Income (describe)</u></b> .....	\$ _____	\$ _____	\$ _____	20: _____
_____				
_____				
<b><u>2015 TOTAL INCOME- Must Not Exceed Individual \$23,540.00 Couple \$31,860.00\$</u></b>				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/partner)** \_\_\_\_\_ **Date** \_\_\_\_\_

- Application must be signed and dated by both the claimant and spouse/partner (if applicable) and returned to the Aging and Disability Services Division Office.
- Please note - if someone other than the claimant/spouse/partner signs, a copy (non-returnable) of a POWER OF ATTORNEY must be attached.
- APPROPRIATE DOCUMENTS NEEDED: Claimant/Spouse/Partner must submit a copy of Nevada Driver's License or Nevada ID card and Social Security Card, income verification and documentation must accompany the application. If a 2015 Federal Income Tax Return was filed by the claimant and/or spouse/partner, 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.**

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OCTOBER 31, 2016**

**DEADLINE FOR FILING IS SEPTEMBER 30, 2016**