

**AFFIDAVIT
RESTRICTIONS ON PUBLIC BENEFITS**

PRIMARY APPLICANT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(check one)**

- I am a United States citizen
- I am not a United States citizen, but I am a Permanent Resident of the U. S.
- I am not a United States citizen but I am lawfully present in the U. S. pursuant to Federal law.

SPOUSE IF MARRIED

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(check one)**

- I am a United States citizen
- I am not a United States citizen, but I am a Permanent Resident of the U. S.
- I am not a United States citizen but I am lawfully present in the U. S. pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Primary Applicant Signature

Date

Spouse Signature

Date



**Income Release Form
Larimer County Services**

If you received Aid-Needy & Disabled (AND), Old Age Pension (OAP), Temporary Assistance for Needy Family (TANF), or other income from Larimer County Human Services (LCHS) in **2011**, please sign this form authorizing the Fort Collins Rebate office to obtain your income information. If you are not sure if you received assistance from Larimer County, please sign the form so that we may verify.

Please check type of income you received:

AND

OAP

TANF

Other

Please Print:

Applicant _____ **Birth Date** _____ **SS#** _____

I hereby authorize Larimer County Human Services to release information about 2011 income benefits paid to me, for use in determining eligibility for City rebate programs.

Signature

Date

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The City of Fort Collins will make reasonable accommodations for access to City services, programs, and activities and will make special arrangements for persons with disabilities. Please call 416-2304 for assistance.