

## City of Fort Collins Food Tax Rebate

**2012 Application** (for the 2011 Tax year)

215 N. Mason St., 2nd Floor ■ Fort Collins, CO 80524 ■ (970) 416-2304

http://www.fcgov.com/rebate

### PLEASE NOTE: Application DEADLINE: Wednesday, October 31, 2012

Last Name	First Name		Middle	Bir	th Date	Disabled?
Your Name						Yes 🗌 No 🗌
Spouses Name						
Street Address	City			State	Zip	
Daytime Phone Number		Alternate P	hone Number			

Please list others not listed above who lived with the applicant in 2011 (attach additional sheet of paper if necessary).

Name	Disabled?	Birth Date	
	Yes 🗌 No 🗌		
	Yes No		
	Yes No		

#### Residency

Have you lived at the above address since January 1, 2011? Yes No (if no, attach an additional sheet of paper listing other addresses)

Household Income for 2011 (please attach copies of prooftax returns, SSI statements, etc)	
Enter your total income for the <b>year</b> of 2011, including wages (if married, the total income for both spouses must be reported).	
<ol> <li>Salaries, wages, tips, and other employee compensation</li></ol>	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Do you own your home? Yes 🗌 No 🗌 Are the Utilites in your name? Yes 🗌	
Property Owners—If you own(ed) the property at the address above, please provide names of any co-own	
<b>Renters</b> —Please enter the amount of rent you personally paid in 2011. Mobile home owners please list lot	t rent.
<pre>\$per month xmonths = \$Total Rent Paid</pre>	l for <b>2011</b>

**Declaration:** Under penalty of perjury, I declare that I have read and understand the information and qualifications of this application and that all members of this household meet the eligibility criteria. I also understand that I will be permanently disqualified from this program if any information on this application is proven fraudulent.

		*****For Office Use Only*****			
Signature	Date	New? Vendor # Disability?			
		Food Rebate \$ Rent/Prop Rebate\$ Utility\$			
Spouse Signature	Date	Total Rebate amount\$ Check #			
Prepared By	Phone	Date Entered/Processed by			

# AFFIDAVIT RESTRICTIONS ON PUBLIC BENEFITS

PRIMARY APPLICANT						
I,, of the State of Colorado that: (check one)	, swear or affirm under penalty of perjury under the laws					
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,, of the State of Colorado that: (check one)	, swear or affirm under penalty of perjury under the laws					
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.					
understand that state law requires me to provide purceipt of this public benefit. I further acknowledge representation in this sworn affidavit is punishable	by law because I have applied for a public benefit. I roof that I am lawfully present in the United States prior to e that making false, fictitious, or fraudulent statement or under the criminal laws of Colorado as perjury in the second and shall constitute a separate criminal offense each time a					
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:

		ΟΑΡ 🗖		Other 🗖	
Please Print:					
Applicant		Birth Date		SS#	
	rize Larimer County H o me, for use in deter			nation about 2011 incom programs.	ıe
Signature				Date	

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.

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