

WHO QUALIFIES FOR THE REBATE FOR SALES TAX ON GROCERIES?

The amount of rebate is **\$58 per qualifying household member** per calendar year. For example, a family with four qualifying members would receive \$232. To qualify for the sales tax on groceries rebate, the total household income for 2014 cannot exceed the following limits:

NUMBER IN HOUSEHOLD	MAXIMUM HOUSEHOLD INCOME
1	\$27,250
2	\$31,150
3	\$35,050
4	\$38,900
5	\$42,050
6	\$45,150
7	\$48,250
8	\$51,350



GENERAL REQUIREMENTS FOR ALL REBATES

1. The City of Fort Collins offers rebates on sales tax paid for food, property tax or rent, and utility charges paid in the previous calendar year (2014). All applicants must comply with the provisions of the City Code, and must not be in default of the terms of any obligation, contract or other agreement with the City (including utility bill). Applicants must also meet certain qualifications which are shown below.
2. Applicants must have lived within Fort Collins city limits for all of 2014, and must still be living in Fort Collins city limits at the time of application.
3. All applicants must verify their lawful presence in the U.S. by including both a signed affidavit swearing under penalty of perjury that you are either a U. S. citizen, or a legal permanent resident, or otherwise lawfully present in the U.S. (the affidavit is on the back side of the rebate application) **AND a photo I.D.** from one of the following: Colorado driver's license, Colorado Identification Card, U. S. Military I.D., or Native American Tribal document. **We require a photo I.D. for each person in a household age 18 and over.**
4. Proof of income for all household members is required. Applicants can submit a copy of their Federal Tax return. Other documentation that can be used to verify income includes: 2014 form SSA -1099, or SSI/SSDI statement, W-2 forms, pension statements, etc. (If you need a copy of your 2014 Social Security Statement, you can call toll free at 800-772-1213. (The Rebate office cannot obtain Social Security information on your behalf). A household is defined as two or more persons related by blood or marriage living together under one roof. **We require proof of income for each person in a household age 18 and over.**
5. Qualified applicants are eligible to receive only one of each rebate per year. The food tax rebate amount is \$58 per person in a household. Please note submission deadline: Complete applications (all paperwork and supporting documentation) must be submitted by 5:00 p.m. on OCTOBER 30, 2015, to our office at 215 North Mason Street, 2nd Floor, Fort Collins, CO 80524

OR

Postmark application by October 31, 2015 by mailing to: PO Box 580, Fort Collins, CO 80522 or email to groceryrebates@fcgov.com.

DISABILITY

Disability is defined as: a physical impairment or neurological condition which prevents your ability to work for a year or more. If you are filing for disability status, and this is the first time you have applied, we require a statement of disability. This can be one you already have from your doctor, a SSI disability statement, or one of our forms completed by your doctor.

INCOME & I.D.

We require income information and a photo I.D. for anyone 18 years of age or older.

OTHER CITY REBATES

If you are a senior (65+) or disabled and qualify for the food rebate program, this application will also act as your application to our utility and rent/property rebate programs. Find more about the utilities and rent/property rebate programs at fcgov.com/rebate.

THESE ITEMS MUST BE SUBMITTED WITH APPLICATION!

- **PHOTO ID** – We require a photo I.D. for each person in the household age 18 and over.
- **PROOF OF INCOME** – Income verification required for age 18 and over.
- **PROOF OF DISABILITY**
- **RENT VERIFICATION** – Provide receipt for calendar year 2014

City of Fort Collins Food Tax Rebate

2015 Application (for the 2014 Tax year)

215 N. Mason St., 2nd Floor, Fort Collins, CO 80524 | (970) 416-2304 | fcgov.com/rebate | groceryrebates@fcgov.com

PLEASE NOTE: Application **DEADLINE** October 31, 2015

Last Name	First Name	Middle	Birth Date	Disabled
Your Name				<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Applicant Name				
Street Address		City	State	Zip
Daytime Phone Number		Alternative Phone Number		
Email				

Please list others not listed above who lived with the applicant in 2014 (attach additional sheet of paper if necessary).

Name	Disabled	Birth Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Residency

Have you lived at the above address since January 1, 2014? Yes No (if no, attach an additional sheet listing other addresses).

Household Income for 2014 (please attach copies of proof--tax returns, SSI statements, etc.)

Enter your total income for the year of 2014, including wages of all adults in the home 18 and over.

1. Salaries, wages, tips, and other employee compensation	
2. Social Security benefits or SSDI	
3. Larimer County Human Services Assistance (cash assistance)	
4. Pensions and annuities	
5. Alimony and child support	
6. All other income—(please explain)	
TOTAL 2014 Income (add lines 1-6)	

Do you own your home? Yes No Are the Utilities in your name? No Yes, Account # _____

Property Owners —If you own(ed) the property at the address above, please provide names of any co-owners:
Renters —Please enter the amount of rent you personally paid in 2014. Mobile home owners please list lot rent. 2014 Rent amount \$_____. 2014 Lot Rent amount \$_____.

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. I authorize the City to access Utility Billing Records, and withhold any delinquent monies from my rebate, that are owed at the time of application.

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

Please sign back page! →

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.

CO-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.


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.

X _____ **X** _____
Primary Applicant Signature Date Co-Applicant Signature Date

STATUS OF REBATE CHECK

Please allow 6-8 weeks for processing of your application. Your check will be mailed to the address you listed on your application. Please do not call to check the status of your application before the time frame listed above has passed. If there is any documentation missing from your application, you will receive notification. We must have received any requested documents by October 31, 2015, **OR** postmark application by October 31, 2015 by mailing to PO Box 580, Fort Collins, CO 80522 or email to groceryrebates@fcgov.com.

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.

	**FOR OFFICE USE ONLY**		
New? _____	Vendor # _____	Disability? _____	
Food \$ _____	Rent/Prop \$ _____	Utility \$ _____	
Total Rebate Amount \$ _____		Check # _____	
Date _____	Entered/Processed by _____		



If you have any questions about eligibility or completing the form you can call the rebate line at 416-2304.

City of Fort Collins • Rebate Office • 215 N. Mason St., 2nd Floor • Fort Collins, CO 80524