City of Fort Collins 2016 Rebate Application

(for the 2015 Tax y	rear)								Include total income for the year 2015 for all adults 18 and over in the household (
215 N. Mason St., 2nd Floor, Fort Collins, CO 80524 (970) 416-2304 fcgov.com/rebate groceryrebates@fcgov.com						Type of Income			
		·			24103(0)10	304.00111			Salaries, wages, tips, and other employee compensation
Did you live in the city limits of If "No," please do not continue wit			Yes 🖵 Not qualify						Social Security benefits or SSDI
Did you live in the city limits of	Fort Collins as of A	August 1, 20	1 6? Ye	s No 🗆					Larimer County Human Services Assistance (cash assistance)
If "No," please do not continue wi	th the application be	cause you d	o not quali	fy for the rebate) .				Pensions and annuities
APPLICANT									Alimony and child support
Last Name	First N	ame			Middle				All other income—(please explain)
Lastitatio								TOTAL Income	
Address of Residence City				State	Zip Code				
Mailing Address (if different than res	idence) City			State	Zip Code				IF YOU ARE 65+ YEARS OF AGE, OR DISA
Daytime Phone Number	Alterna	ntive Phone N	umber	Date of Birth	Age				Own If you own(ed) the property at the address above, please provide name
Utility Account Number Disabled (if yes, provide proof) Yes No No			Email Addres	dress				Rent If you rent, please list the amount of rent you personally paid in 2015. Provide a receipt for calendar year 2015.	
DI FACE COMPLETE THE FOLLOWING					05 0045				
PLEASE COMPLETE THE FOLLOWING	FOR ANY OTHER WEIWE	SEKS WHO LIV		Disabled (if yes, provide	Not	a U.S. izen		a U.S. en but	AFFIDAVIT — RESTRICTIONS ON PUBL
Name	Relationship to You	Date of Birth	Age	proof)	but a	perma-	lav	vfully	I,, swear or affirm under p
	10 100	Dirtii		Yes No	nent re	esident?	Yes	sent?	(check one)
									☐ I am a United States citizen ☐ I am not a United States citizen, but I am a Permanent Resident of
									☐ I am not a United States citizen but I am lawfully present in the U. S
									I understand that this sworn statement is required by law because I ha
									me to provide proof that I am lawfully present in the United States prior
									false, fictitious, or fraudulent statement or representation in this sworn perjury in the second degree under Colorado Revised Statute 18-8-50
									public benefit is fraudulently received.
									Primary Applicant Signature
									Filliary Applicant Signature
									DECLARATION
								 	Under penalty of perjury, I declare that I have read and underst
									that all members of this household meet the eligibility criteria. I this program if any information on this application is proven frau and withhold any delinquent monies from my rebate, that are or
									X Applicant Signature
		I		1	1	1	1		** · 'I'

Type of Income	Dollar Amount Received
Salaries, wages, tips, and other employee compensation	
Social Security benefits or SSDI	
Larimer County Human Services Assistance (cash assistance)	
Pensions and annuities	
Alimony and child support	
All other income—(please explain)	
TOTAL Income	
If you own(ed) the property at the address above, please provide name(s) of any co-	
Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of Provide a receipt for calendar year 2015.	wners please list the lot rent.
Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of	
Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of Provide a receipt for calendar year 2015. AFFIDAVIT — RESTRICTIONS ON PUBLIC BENET No. 1,, swear or affirm under penalty of perju	
Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of Provide a receipt for calendar year 2015. AFFIDAVIT — RESTRICTIONS ON PUBLIC BENEFIT	FITS
□ Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of Provide a receipt for calendar year 2015. AFFIDAVIT — RESTRICTIONS ON PUBLIC BENET I,, swear or affirm under penalty of perjuce (check one) □ I am a United States citizen	FITS
Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of Provide a receipt for calendar year 2015. AFFIDAVIT — RESTRICTIONS ON PUBLIC BENET I,, swear or affirm under penalty of perjut (check one)	FITS ry under the laws of the State of Colorado that:
□ Rent If you rent, please list the amount of rent you personally paid in 2015. Mobile home of Provide a receipt for calendar year 2015. AFFIDAVIT — RESTRICTIONS ON PUBLIC BENET I,, swear or affirm under penalty of perjuic (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.	FITS Try under the laws of the State of Colorado that: Federal law. The public benefit. I understand that state law requires this public benefit. I further acknowledge that making ishable under the criminal laws of Colorado as

tand the information and qualifications of this application and also understand that I will be permanently disqualified from udulent. I authorize the City to access Utility Billing Records, wed at the time of application.

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X Applicant Signature		Date	
			More info on next nage

HOUSEHOLD INCOME REQUIREMENTS

In order to qualify for any of the rebates, the total household income for 2015 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

HOW DID YOU FIN	ND US?	
Where did you hear about this program? _		
Where did you obtain the application?		

DOCUMENTATION REQUIRED

- Photo ID required for each person in the household age 18 and over (drivers license, passport, Colorado ID, etc)
- Proof of income (Income Tax Return, W-2, Social Security statement, SSA-1099, pension statements, etc.)
- Proof of disability, if applicable (letter from doctor or SSI disability statement)
- Rent verification, if applicable (receipts for rent payments for entire year)

STATUS OF REBATE CHECK

- Please allow 6-8 weeks for processing of your application.
- Your check will be mailed to the address 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.
- All applications and requested documents must be received on or postmarked by October 31, 2016, to qualify.

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 Auxiliary aids and services are available for persons with disabilities. V/TDD: Dial 711 for Relay Colorado.



PO Box 580 Fort Collins, CO 80522

