



City of Fort Collins Food Tax Rebate 2009 Application (for the 2008 Tax year)

215 N. Mason St., 2nd Floor Fort Collins, CO 80522
(970) 416-2304 www.fcgov.com/rebate
Application **DEADLINE:** Thursday, December 31, 2009

Last Name	First Name	Middle	Birth Date	Disabled?
Your Name				Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouses Name				
Street Address	City		State	Zip
Daytime Phone Number		Alternate Phone Number		

Please list others **not listed above** who lived with the applicant in 2008 (attach additional sheet of paper if necessary).

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

Residency

Have you lived at the above address since January 1, 2008? Yes No (if no, attach an **additional sheet of paper** listing other addresses)

Household Income for 2008 (please attach copies of proof--tax returns, SSI statements, etc)	
Enter your total income for the year of 2008, including wages (if married, the total income for both spouses must be reported).	
1. Salaries, wages, tips, and other employee compensation.....	\$ _____
2. Interest and dividends.....	\$ _____
3. Business income, including farm, rents, royalties, etc.....	\$ _____
4. Social Security benefits (except Medicare).....	\$ _____
5. SSI or SSDI benefits.....	\$ _____
6. Larimer County Human Services Assistance (AND, OAP, TANF, etc).....	\$ _____
7. Pensions and annuities.....	\$ _____
8. Alimony.....	\$ _____
9. All other income—(please explain).....	\$ _____
TOTAL 2008 Income (add lines 1-9).....	\$ _____

Do you own your home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the Utilities in your name? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 2008. Mobile home owners please list lot rent.	
\$ _____ per month x _____ months = \$ _____ Total Rent Paid for 2008	

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.

Signature Date

Spouse Signature Date

Prepared By Phone

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

**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