

GROCERY REBATE PROGRAM

GROCERY SALES TAX REBATE

\$69 PER HOUSEHOLD MEMBER

Processing time

6-8 weeks

Do you qualify?

- Live within Fort Collins Growth Management Area for entire calendar year of 2021 (Jan-Dec)

Growth Management Area

Please see [fcgov.com/salestax/address-lookup](https://www.fcgov.com/salestax/address-lookup)

AND

- Meet the Household income requirements below

Household Income Requirements for 2021

Number in Household	Max Household Income
1	\$37,600
2	\$42,950
3	\$48,300
4	\$53,650
5	\$57,950
6	\$62,250
7	\$66,550
8	\$70,850

Documentation required

ID for all members over 18+ years of age

- Colorado Driver's License
- Colorado ID

For other acceptable forms of ID:

colorado.gov/pacific/sites/default/files/CPED_WIWO_Documents-Proof-Lawful-Presence.pdf

Proof of Income for 2021

- 2021 Federal Tax return

Visit [fcgov.com/rebate](https://www.fcgov.com/rebate) for specific documents accepted

HOUSEHOLD INCOME FOR 2021

Please submit copies of proof of all income for the household from 2021, to include all adults 18 and over – 2021 federal tax returns, social security/ disability statements, etc. (see list below for examples).

Examples of Household Income	Dollar Amount Received
Salaries, wages, tips, and other employee compensation as stated on 2021 Federal tax return	
Social Security benefits or SSDI (Social Security Disability Insurance)	
Larimer County Human Services Assistance (cash assistance, OAP (Colorado Old Age Pension), TANF (Temporary Assistance for Needy Families)	
Pensions and annuities	
Alimony and child support	
All other income (please explain)	
TOTAL INCOME	\$

Mail applications to the following:

City of Fort Collins Grocery Rebate Program
P.O. Box 580, Fort Collins, CO 80522-0580

OR APPLY ONLINE AT [FCGOV.COM/GETFOCO](https://www.fcgov.com/getfoco) – NO PAPER APPLICATION NECESSARY!

970.416.2304 • fcgov.com/rebate

PLEASE COMPLETE ALL FIELDS IN THIS SECTION

Applicant Info _____

Full Name _____

Residence Address _____

Mailing Address (if different) _____

Primary Phone _____ Email _____

Other household members who lived with you the full year of 2021

	Name	Age (proof required for 18+)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

VERIFICATION

Applicant Signature (Required) _____ Date _____

Adult Age 18 + Affidavit Signature _____ Date _____

I verify the information stated on this application is true.



OR APPLY ONLINE AT FCGOV.COM/GETFOCO – NO PAPER APPLICATION NECESSARY!

NEED ASSISTANCE? 970.416.2304 • fcgov.com/rebate

In-person assistance is available at 215 N. Mason St., 2nd Floor • 9 a.m.-4 p.m. Tuesday, Wednesday, Thursday • or by appointment