



PO Box 580  
Fort Collins, CO 80522

# what's better than a coupon? **MONEY.**

**To participate in the City's Rebate Program:**

- fill out this form or apply on-line
- attach documentation
- turn it in between August 1 & October 31



# HOUSEHOLD INCOME REQUIREMENTS

In order to qualify for any of the rebates, the total household income for 2016 cannot exceed the following limits:

NUMBER IN HOUSEHOLD	1	2	3	4	5	6	7	8
MAX HOUSEHOLD INCOME	\$27,400	\$31,300	\$35,200	\$39,100	\$42,250	\$45,400	\$ 48,500	\$51,650

## REBATES

**Sales Tax on Food Rebate** (\$60 per qualifying household member)

- Only need to meet household income requirements

**Property Tax/Rent Rebate and Utility Rebate**

- Meet household income requirements
- A member of the household must be 65 or older by 12/31/16 or be disabled
- Properties exempt from property tax are not eligible for the property tax/rent rebate

## DOCUMENTATION REQUIRED

- Photo ID required for each person in the household age 18 and over (drivers license, passport, Colorado ID, etc)
- Proof of income (i.e. copy of federal income tax return (if filed), W-2, Social Security statement, SSA-1099, TANF, family support registry, pension statements, etc.)
- Documentation to support children listed as household members lived in your home (i.e. listed as a dependent on tax return, school records, etc.)
- If applying for property tax/rent or utility rebate
  - If disabled, proof of disability (letter from doctor or SSI disability statement)
  - Rent verification (receipts for rent payments for entire year)

## STATUS OF REBATE CHECK

- Processing your application will take 6-8 weeks. Please refrain from calling to check on the status of your application until that time period has passed.
- If there is any documentation missing from your application, you will receive notification.
- Your check will be mailed to the address listed on your application and will include all household members over 18.
- **All applications and requested documents must be received on or postmarked by October 31, 2017.**

If you have any questions about eligibility or completing the form you can contact the rebate office at [groceryrebates@fcgov.com](mailto:groceryrebates@fcgov.com) or **970-416-2304**.

Apply online at <https://rebate.fcgov.com/> or  
Mail applications to the following:  
City of Fort Collins Finance Rebate Program  
P.O. 580, Fort Collins, CO 80522-0580

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

# FORT COLLINS 2017 REBATE APPLICATION

(for the 2016 Tax Year)

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

Did you live in the City limits of Fort Collins or the growth management area of Fort Collins from January 1, through December 31, 2016? Please contact the rebate office if you are uncertain.

Yes ☐ No ☐

If “No,” please do not continue with the application because you do not qualify for the rebate.

## APPLICANT

Last Name	First Name		Middle
Address of Residence	City	State	Zip Code
Mailing Address (if different than residence)	City	State	Zip Code
Daytime Phone Number	Alternative Phone Number	Date of Birth	Age
Utility Account Number	Disabled (if yes, provide proof) Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address	

PLEASE COMPLETE THE FOLLOWING FOR ANY OTHER MEMBERS WHO LIVED WITH YOU THE FULL YEAR OF 2016

Name	Relationship to You	Date of Birth	Age	Disabled (if yes, provide proof)		U.S. Citizen		Not a U.S. Citizen but lawfully present?	
				Yes	No	Yes	No	Yes	No

**HOUSEHOLD INCOME FOR 2016** (please attach copies of proof of income--federal income tax return, SSI statements, etc.) Include total income for the year 2016 for all adults 18 and over in the household (does not include food stamps).

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, OAP, TANF, AND)	
Pensions and annuities	
Alimony and child support	
All other income—(please explain)	
<b>TOTAL Income</b>	

### PROPERTY TAX/RENT AND UTILITY REBATES\*

If a household member is 65+ years of age as of 12/31/16, or disabled, please complete the following.

- ☐ **OWN** (applicant must be the name listed on the assessor's page) If you own(ed) the property at the address above, please provide name(s) of any co-owners: \_\_\_\_\_
- ☐ **RENT** (applicant name must be on the lease) If you rent, please list the amount of rent you personally paid in 2016. Mobile home owners please list the lot rent. \$ \_\_\_\_\_  
Provide a receipt for calendar year 2016.

\*Properties exempt from property tax are not eligible for the property tax/rent rebate.

### AFFIDAVIT — RESTRICTIONS ON PUBLIC BENEFITS

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 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 require 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 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**

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

### 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.

**X**

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date