

**INCOME RELEASE FORM FOR LARIMER COUNTY HUMAN SERVICES**  
Estes Park Office-1601 Brodie Ave 970-577-2150  
Monday – Friday 8:00 a.m.-4:30 p.m.

Did you or any household member receive any benefits through Larimer County Human Services in 2020? Yes: \_\_\_\_\_ (complete Section A and take to Larimer County)

No: \_\_\_\_\_ (Do not fill out the form)

**▶▶SECTION A: TO BE COMPLETED BY APPLICANT and taken to Larimer County**

**PLEASE PRINT LEGIBLY**

APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

Check all applicable income sources:

FOOD STAMPS     CHILD SUPPORT     A.N.D.     T.A.N.F.     O.A.P.

OTHER (please explain) \_\_\_\_\_

I hereby authorize Larimer County Human Services to release the information below concerning my **2020 Income Benefits** paid to me through Human Services programs for use in determining eligibility for the Town of Estes Park Food Tax Refund Program.

Signature

Date

**▶▶SECTION B: TO BE COMPLETED BY LARIMER COUNTY HUMAN SERVICES**

LARIMER COUNTY will mail or fax this form to:

Town of Estes Park Finance Department  
ATTN: Food Tax Refund  
PO Box 1200  
Estes Park, CO 80517  
Fax: (970) 577-3573  
Phone: (970) 577-3567; 577-3563; 577-3568

**BENEFITS PROVIDED IN 2020:**

FOOD STAMPS:        \$ \_\_\_\_\_

CHILD SUPPORT:    \$ \_\_\_\_\_

A.N.D.:                \$ \_\_\_\_\_

T.A.N.F.:             \$ \_\_\_\_\_

O.A.P.:                \$ \_\_\_\_\_

                              \$ \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature/ Larimer County Human Services