****Subsidized Bus Pass – Income Application Form

**To be completed by applicant AND agency** effective 3/01/15

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | **SS#** | | | |  | | |
| Last, First, M |  | |  | | | |  | | |
|  |  | |  | | | |  | | |
| **Gender:** \_\_\_\_\_\_ Male \_\_\_\_\_ Female | **Marital Status:** | | \_\_\_\_\_ Single | | | | \_\_\_\_\_ Married | | |
|  |  | | \_\_\_\_\_ Legally Separated | | | | \_\_\_\_\_ Widowed | | |
|  |  | |  | | | |  | | |
| **Address:** |  | | Apt # | | | | Zip | | |
|  |  | | |  | | | |  | |
| \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_Other | **Date of Birth:** | | | | | **Telephone:** | | | |
|  |  | | | | |  | | | |
| **Eligibility** |  | | | | |  | | | |
| Please indicate all sources of your household’s gross annual income: | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | |  | | | | | | | |
| **Household Members** | | **Total Annual household income:** | | | | | | | $ |
| Total number of adults in household (over the age of 18): | |  | | |  | | | |  |
| Total number of minors in household (under the age of 18): | |  | | |  | | | |  |

**I AGREE TO** the release of information to the Topeka Metro for the purpose of obtaining low income eligibility certification and photo **ID card**. I hereby certify information on this form is true and desire the photo **ID card** for my personal use only. I understand my photo **ID card** is not transferable to other person and that the Topeka Metro reserves the right to determine qualifications for issuing cards in accordance with terms and conditions stated. I give the Topeka Metro permission to verify information provided in this application. Photo **ID cards** must be obtained at Quincy Street Station.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency Representative Date

**To be completed by Agency only.**

**I hereby certify the applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, meets the income threshold as defined by the outlined criteria. To the best of my knowledge the information contained herein is true and correct.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Agency Name** |  | **Office Telephone** |
|  |  |  |
| **Agency Representative - Print Name** |  | **Agency Representative Signature** |

**Agency Representative must fax form to Topeka Metro (785)354-8476 at least 1 business day prior to obtaining ID.**

**Office Use Only:**

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Issued: \_\_\_\_\_\_\_\_\_\_\_\_