****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: \_\_\_\_\_\_\_\_\_\_\_\_