

Low-income Assistance Application Information

Enclosed is the application for low-income transportation assistance. Please complete and return the enclosed application, including appropriate income verification documents (see below), to Boone County Public Transportation at 328 Snedden Dr., Boone, IA 50036. Your level of assistance will be determined based on federal low-income assistance guidelines when you submit an application. A new application will need to be filed with BCT each year to remain eligible for low-income transportation assistance.

This application is intended to ensure that the money set aside for low-income transportation assistance is being distributed fairly and is providing assistance for all those who need it.

If you have any questions regard the application or the low-income transportation assistance program, please give us a call at 515-432-5038.

Acceptable forms of income verification: All types of income in the household must be reported.

- Current Federal Income Tax Form (**preferred**)
- Current bank statement showing direct deposits for: SS, SSI, SSD, FIP, Child Support.
- Pension payments, Veteran's Benefits (bank statements are good only for a fixed income).
- Pay stubs for the last month.
- Court order for alimony or child support **or** printout for child support payments.
- Employer statement for cash wages (must include employer name, address & phone number).
- An award letter explaining benefits received.
- Printout from office issuing payments (SS, SSI, SSD, unemployment, VA, etc.).

Discrimination Disclaimer:

Boone County Transportation and its employees have committed to operate in a manner that provides equal service to all. Discrimination on the basis of race, color, national origin, gender, age, financial status, or ability is not tolerated and no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination with regard to any service, program, or activity.

Low-income Assistance Application

Name _____ Date of Birth _____

Address _____ Apt or Po Box _____

City _____ State _____ Zip _____

Phone # _____ E-mail Address _____

Family Members: Members listed must live in your household. Additional members can be listed on the back of this form.

Name	Date of Birth	Employer/Occupation	Relationship

Sources of Income: Failure to report all income may result in cancellation of approved sliding-fee applied to the household. Circle all that apply.

Employment:	yes	no	Social Security:	yes	no	Alimony:	yes	no
Cash wages:	yes	no	VA Benefits:	yes	no	SSI:	yes	no
Child Support:	yes	no	Rental Property:	yes	no	SSD:	yes	no
Unemployed:	yes	no	Workers Comp:	yes	no	FIP:	yes	no
Self-employed:	yes	no	Gov't Assistance:	yes	no	IPERS:	yes	no
Other(s): _____								

Total Household Income: Please provide copies of acceptable forms of income verification.

Household Member	Household Income (complete one column)	
	Annual	Monthly
Self		
Spouse		
Dependent(s)		
Total		

I attest that the information above is the total income for my household. I understand Boone County Transportation is required to verify all income for services provided. I certify that the above information is true; I have read the information on this application and understand that I must meet specific qualifications to receive assistance through the Reduced Fare program.

Client Signature _____ **Date** _____

OFFICE USE ONLY	Date Received:
Date Approved:	Sliding Scale Level: