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# TRANSPORTATION APPLICATION

Northfield Township is committed to removing barriers to transportation access for our most vulnerable population. Our transportation programs serve income eligible residents with permanent disabilities (age 18 and over) and income eligible senior citizens (age 65 and over). The use of these programs is to be used for access to vital services, such as medical, nutritional services, and accessing employment.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Transition Program/Organization: \_\_\_\_\_

Please check **one** that applies:

I am age 65 or older. Date of birth: \_\_\_\_\_

I am age 18 or over with a permanent disability. Date of birth: \_\_\_\_\_

### INCOME VERIFICATION:

#### INCOME GUIDELINES

Household Size	Annual Income Eligibility
1	\$33,562
2	\$44,533
3+	\$55,500

1. Yearly **earned** gross income: \$ \_\_\_\_\_

#### Unearned Income:

2. Total Social Security retirement (SSA), pensions: \$ \_\_\_\_\_

3. Social Security Income (SSI), Social Security Disability Income (SSDI):  
\$ \_\_\_\_\_

4. Other, including annual interest, dividends, annuities, cash, savings, rental income, etc.: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Do you own property other than your principal residence? \_\_\_\_ (If yes, additional information or documents may be required, please contact Lizbeth Melgoza at 847-724-8300 x217.)

Participants who do not adhere to the guidelines or who abuse the program in other ways may be suspended from the transportation program. I declare under penalties of perjury that the information supplied in this application and all accompanying statements or documents are true and correct, and that this is a COMPLETE statement of all income, assets and/or resources belonging to me. I understand that Township officials may verify the information I provided. I understand that if I give false or incomplete information I may be prosecuted and my Dial-a-Ride privileges voided.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_  DAR  DAR LIMITED  DAR UBER  DAR SHORT-TERM DISABILITY

Proof of Age.  Proof of Disability eligibility  Proof of residency  Proof of income

Transition Program Contact Name: \_\_\_\_\_

Additional comments: \_\_\_\_\_

## REQUIRED DOCUMENTS

### CHOOSE THE BOX THAT APPLIES TO YOU:

#### **OVER 65 YEARS OLD AND INCOME ELIGIBLE:**

- Completed application
- Proof of age: Valid driver's license, state I.D., or consulate card
- Proof of residency: current lease or mortgage statement or current utility bill

#### **Income Verification:**

- Proof of all income (earned and unearned). Provide **all** documents that pertain to you:
  - Most current SSA 1099 form or Social Security benefit letter for current year
  - Pay stubs for the past 30 days from date of applying
  - *Evidence of* military benefits
  - Proof of unemployment
  - Other income documentation (e.g. pension, annuity, rental income, etc.)

#### **OVER 18 YEARS OLD WITH DISABILITY AND INCOME ELIGIBLE:**

- Completed application
- Proof of age: Valid driver's license, or state I.D., or school id, or consulate card
- Proof of residency: Letter from school Transition Program
- Proof of permanent disability or short-term disability (e.g. SSI or SSDI current award letter, or physician letter).

#### **Income Verification:**

- Proof of all income (earned and unearned). Provide all documents that pertain to you:
  - Social Security (SSI) or Social Security Disability Income (SSDI) award letter
  - Pay stubs for the past 30 days from date applying