ID#

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 purpose of these programs is to ensure access to essential services, including medical care, nutritional assistance, employment, and opportunities to visit family and loved ones, helping to reduce social isolation.

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: _____

Race/Ethnicity *(optional):* ☐ White ☐ African American/Black ☐ Asian ☐ Hispanic/Latino ☐ MENA ☐ Native American ☐ Pacific Islander ☐ Other

INCOME GUIDELINES

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

INCOME VERIFICATION:

1. Yearly ***earned*** gross income: $ _____

Unearned Income:

2. Total Social Security retirement (SSA), pensions: $ _____
3. Social Security Income (SSI), Social Security Disability Income (SSDI), or W-9 reported income: $ _____
4. Assets: $_____
5. Other, including annual interest, dividends, annuities, cash, savings, rental income, etc.: $ _____
6. Do you own property other than your principal residence? ____ (If yes, additional information or documents may be required, please contact Joann Contreras at 847-724-8300 ext. 217)

Note: (Other income) is capped at $4,000 per individual $8,000 per couple annually for eligibility purposes.

TOTAL: $ _____

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 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 staff may verify the information I provided. I understand that if I give false or incomplete information, my Dial-a-Ride privileges may be revoked.

Participant's Signature: _____ **Date:** _____

For office use only:

Date: _____ Staff initials: _____

☐ DAR ☐ DAR LIMITED ☐ DAR UBER ☐ DAR SHORT-TERM DISAB.

☐ 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: One of the following, valid driver's license, or state I.D., or consulate card

☐ Proof of residency: One of the following, current lease, mortgage statement, 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
- All W-9 reported income
- 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: One of the following, valid driver's license, state I.D., school I.D., or consulate card

☐ Proof of residency: One of the following, letter from school Transition Program, current lease, mortgage statement, current utility bill, Social Security (SSI), or Social Security Disability Income (SSDI) award letter

☐ Proof of permanent disability or short-term disability such as 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
- All W-9 reported income