



Reduced Fare ID Card Application

APPLICANT'S INFORMATION: (Please Print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SEX: M _____ F _____

I hereby authorize release of all case and income information to and from the City of Columbia Transit to and from other agencies and vendors for the purpose of reaching a determination on my request for reduced bus fare.

The information provided by me is true in all respects. I acknowledge that any false or misleading information provided herein will automatically render me ineligible for reduced bus fare.

Signature of Applicant **Date**

CERTIFICATION:

I, _____, certify that I am eligible for the reduced fare program based upon the following category:

____ MO HealthNet (Medicaid) ____ TANF ____ Temporary Medicaid for Pregnant Women

____ WIC ____ LIHEAP (Low Income Home Energy Assistance)

____ Temporary and/or Permanent Disability ____ Food Stamps

____ Income eligible (Household income less than 185% of Federal Poverty Level, see chart)

Federal Income Chart 03/01/08 to 02/28/09

Household Size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883

Approving Agency **Staff Signature**

Card Issued Date **Expiration Date**