



Transportation Program Checklist

Applicant's Name: _____

| PROOF OF | | SUBMITTED | NEED |
|---------------------------------------|---------------------------------|-----------|------|
| Must have one: | Residency | | |
| | Water | | |
| | Electricity | | |
| | Gas | | |
| | Lease/Deed | | |
| Must have one: | Age | | |
| | State-Issued ID | | |
| | State-Issued Driver's License | | |
| Must have if under age 62: | Disability | | |
| | Doctor's Certification Form | | |
| Must have proof of ALL income: | Income | | |
| | Social Security Award Letter | | |
| | Retirement/Pension Verification | | |
| | Veteran's Award Letter | | |
| | Food Stamp Award Letter | | |
| | Self-Employment Verification | | |
| | Welfare/AFDC Verification | | |
| | Supplemental Social Security | | |
| | Income Tax Returns | | |
| | Child Support/Alimony | | |
| | Employment Verification | | |
| | Investment Interest | | |
| | Bank Statements (last 2 months) | | |
| | Housing Assistance | | |
| Regular Gifts | | | |
| Other Source(s) of Income | | | |



Community Development Transportation Program

City of Baytown - Planning & Development Services - Community Development Division
2401 Market Street - Baytown, TX 77520 - 281-420-6558 - www.baytown.org

Applicant Information:

First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: __/__/____ Please circle which applies: Over 62 Disabled Domestic Violence

Home Number: _____ Mobile Number: _____ Alternate Number _____

Sex (M/F): _____ Single _____ Married _____ Divorced _____ Widowed _____ Female Head of Household _____

Applicant Address _____ Apt # _____ City, State _____ Zip Code _____

Please list a Relative, Friend, or Neighbor who can usually contact you:

Name _____ Relation _____ Mobile Phone _____ Work Phone _____

In accordance with 24 CFR 570.506, agencies must acquire information to determine client eligibility as well as for general reporting purposes. To participate in this program that is funded by Federal Funds, you must fill out this form completely and accurately.

Ethnicity (circle): Hispanic _____ Not-Hispanic _____

| | | | |
|--------------------------------------|--|---|-------------------------|
| Race (circle): | White _____ | Black/African American _____ | Asian _____ |
| | Black/African American & White _____ | Native Hawaiian/Pacific Islander _____ | Asian & White _____ |
| American Indian/Alaskan Native _____ | American Indian/Alaskan Native & White _____ | American Indian/Alaskan Nat. & Black/African American _____ | Other/Multiracial _____ |

How did you hear about this program? _____

Income Information:

A full disclosure of all household members and income/assets must be made. If a member of your family does not contribute to the household income, please indicate with "none" below. Failure to disclose any household member's income or assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted. **Income includes all money flowing into the household, regardless of age of recipient.** Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, and interest income from bank accounts or investments must be disclosed.

| List ALL Household Members and Relation | U.S. Citizen? | Source of Income | Amount |
|--|----------------------|-------------------------|---------------|
| _____ /self | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total Monthly Income | | | _____ |
| Total Yearly Income | | | _____ |
| Total Household Members | | | _____ |

NOTICE:

With few exceptions, you are entitled, on request, to be informed about the information that the City of Baytown collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the City of Baytown correct information about you that is incorrect.

Important:

Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or agency of the United States Government as to any matter within its jurisdiction.

Certification:

The section below is to be signed by the applicant. A witness is needed for any signature made by mark.

I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of Baytown.

| | | |
|----------------------------|-------------|------------------------------------|
| _____ | _____ | _____ |
| Applicant Signature | Date | Witness (if signed by mark) |



| |
|-------------------------|
| Office Use Only: |
| Grant Code: _____ |
| Agency Code: _____ |
| Registered Date: _____ |

8410 Lantern Point Drive, Houston, Texas 77054
 Main: (713) 368-RIDE (713-368-7433)
 Fax: (713) 437-4860
 www.rides.harriscountytexas.gov

Program Funded by
 Federal Transit Administration (FTA)
 (Grant funds have expiration dates)

Registration Form

APPLICANT:

First Name: _____ Last Name: _____ Middle Initial: _____

Sex (M/F): _____ Race/Ethnicity: _____ Date of birth: _____

Home number: (____) _____ Alternate number: (____) _____

Email address (please print): _____

What is your preferred method of contact? E-mail? _____ Home phone? _____ Alternate phone? _____ Mail? _____

Primary language spoken in the home (Check One): English _____ Spanish _____ Vietnamese _____ Other _____

(Check One): Single _____ Married _____ Divorced _____ Widowed _____

Address of applicant:

| | | | | |
|--------|--------|--------|------|----------|
| Number | Street | Apt. # | City | Zip Code |
|--------|--------|--------|------|----------|

Mailing address: (if different from above)

| | | | | |
|--------|--------|--------|------|----------|
| Number | Street | Apt. # | City | Zip Code |
|--------|--------|--------|------|----------|

Name and phone number of relative, friend, or neighbor who can usually contact you:

| | | | |
|-------|----------|------------|------------|
| _____ | _____ | (____) | (____) |
| Name | Relation | Home Phone | Work Phone |

Check this status if senior and/or a person with disabilities:

Older Adult(s) (age 65 & above) _____
 Person with disabilities _____
 Older Adult(s) (age 65 & above) AND person with disabilities _____

Mobility Status (Check One):

Ambulatory (able to walk) _____
 Wheelchair User _____

Are you a military veteran?

Yes _____
 No _____

Check ALL that apply:

Applied for METROLift _____
 Approved for METROLift _____
 Denied by METROLift _____

CERTIFICATION:

The section is to be signed by the applicant or by person authorized to sign for client . A witness is needed for any signature made by a mark. I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance is contingent upon availability of funds.

***A fee of \$30.00 will be charged to you for any stopped payments or returned items.*
* Funds added to the Rides Fare Card are non-refundable & non-Transferable ***

The above named applicant has examined the eligibility requirements of RIDES, subsidized by H-GAC funding, and has submitted this application for participation in such program after certifying that all of the information so submitted is true and correct. It is expressly understood and agreed that should it be determined at any time by RIDES, its officers, agents and/or employees that this application contains incorrect or incomplete information, the above named individual shall be disqualified from participation in the program and shall be required to repay RIDES all expenses incurred as a result of such individual’s participation.

Applicant *Date* *Witness (if signed by a mark indication)*

The office of RIDES – Specialized Transportation for Harris County is wheelchair-accessible. Reserved parking spaces are available.

The following documents are required:

1.) State issued identification card OR State issued drivers license

2.) Proof of disability:

Acceptable documents (submit (1) of the following):

- a.) Doctor’s certification form**
- b.) Supplemental Security Income (SSI)**
- c.) Social Security Disability Insurance (SSDI)**
- d.) Other verification**

TITLE VI NOTICE

Harris County operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she/he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Harris County.

For more information on Harris County’s civil rights program and the procedures to file a complaint, contact 832-927-4700, TTY Dial 7-1-1 (1-800-735-2988); email transit@csd.hctx.net; or visit our administrative office at 8410 Lantern Point Drive, Houston, Texas 77054. For more information, visit www.harriscountytransit.com