



Persons In Need Mobility Subsidy Application for Paratransit

2 pages

Name (Last, First, MI)		Birth date		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City		State	
Mailing Address (if different)		Day Phone		Evening Phone	
Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____		Race <input type="checkbox"/> White <input type="checkbox"/> Multi-race (any 2 or more) <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian/Alaska Native		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not Hispanic, Latino or Spanish origin	
Level of Income See page 3 for gross income declaration*		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____	
Education Level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduates		<input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ some post-secondary		<input type="checkbox"/> 2 to 4 yr college graduate	
Family/Household Size <input type="checkbox"/> One member <input type="checkbox"/> Two members <input type="checkbox"/> Three members <input type="checkbox"/> Seven members		<input type="checkbox"/> Four members <input type="checkbox"/> Five members <input type="checkbox"/> Six members <input type="checkbox"/> Eight or more members		Family Type <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults NO Children <input type="checkbox"/> Other	
Source of Family Income <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Employment + other sources <input type="checkbox"/> SSI <input type="checkbox"/> General Assistance <input type="checkbox"/> Employment only <input type="checkbox"/> Other: _____					
Client's Signature		Date			
For Office Use Only Application: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Eligible Programs Notification Date: _____ Eligibility Certification by: _____ Comments: _____					

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INCOME VERIFICATION

NOTE: TO BE ELIGIBLE FOR MOBILITY SUBSIDY YOU MUST QUALIFY FOR PARATRANSIT SERVICE THROUGH THE MAUI COUNTY DEPARTMENT OF TRANSPORTATION AND QUALIFY FOR SERVICE PRIOR TO APPLYING FOR SUBSIDY.

TO QUALIFY FOR SUBSIDY- YOU MUST BE AT OR BELOW 125% OF THE FEDERAL POVERTY LEVEL AND MUST COMPLETE THIS APPLICATION AND PROVIDE PROOF OF INCOME.

Eligibility Requirements

1. Must be US Citizen or Permanent Resident Alien
2. Households with TANF, SSI or SNAP shall be eligible for an income exemption
3. Proof of income—pay stubs, self-employment income and expenses, award letter from Social Security, Welfare, unemployment & SSI, pension/retirement statement.
4. Qualified individuals must pay \$45.00 payable to MEO in the form of cash or check prior to receiving a subsidized pass. No subsidy shall be issued prior to receiving payment.
5. The \$45.00 shall be used to offset the total cost of the subsidy.

Maximum Subsidy is \$75.00 per month

125% of Poverty Guideline

Persons in Family (Household Income)	125% Poverty Guideline
1	\$17,450
2	\$23,663
3	\$29,875
4	\$36,088
5	\$42,300
6	\$48,512.5
7	\$54,725
8	\$60,938

For families with more than 8 persons, add \$4,970 for each additional person. The multiply by 1.25 for 125% of the Poverty Guidelines.