



# Persons In Need Mobility Subsidy Application for Paratransit

2 pages

<b>Name (Last, First, MI)</b>		<b>Birth date</b>		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Street Address</b>		<b>City</b>		<b>State</b>
<b>Mailing Address (if different)</b>		<b>Day Phone</b>	<b>Evening Phone</b>	<b>TDD/TTY</b>
<b>Health Insurance</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____	<b>Race</b> <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	<b>Ethnicity</b> <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not Hispanic, Latino or Spanish origin		
<b>Level of Income</b> See page 3 for gross income declaration*		<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Housing</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____
<b>Education Level</b> <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				
<b>Family/Household Size</b> <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		<b>Family Type</b> <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		
<b>Source of Family Income</b> <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: _____				
<b>Client's Signature</b>		<b>Date</b>		
<b>For Office Use Only</b>				
<b>Application:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Eligible Programs				
<b>Notification Date:</b> _____				
<b>Eligibility Certification by:</b> _____				
<b>Comments:</b> _____				

**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	\$18,975
2	\$23,663
3	\$29,875
4	\$36,088
5	\$42,300
6	\$48,513
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.