



City of Surprise RideChoice Program For Income Qualified Riders



APPLICANT INFORMATION		
Full name:	Date of Birth:	
Home Address		
City	State	Zip Code
Mailing Address: (If different from above):		
Home phone #	Work phone #	Cell phone #
Email address:		

HOUSEHOLD MEMBERS - LIST ALL OTHER PERSONS RESIDING IN YOUR HOUSEHOLD						
Full Name As appears on Social Security Card	Age	Date of Birth	Social Security #	Gender	Relationship to Head of Household	Work Status
1.						
2.						
3.						

Attach an additional sheet, if necessary

INCOME INFORMATION			
GROSS MONTHLY INCOME for HOUSEHOLD (before taxes)	Applicant	Spouse/Partner	Other occupants (total)
Wages, salary, tips, etc.	\$	\$	\$
Social Security			
Supp. Security Income (SSI/SDI)			
Retirement/pension/annuity			
Unemployment income (most recent award letter)			
Veteran's Administration			
DES Cash Assistance			
Other:			
TOTAL gross monthly income	\$	\$	\$



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FY 2020 Income Limit Area	FY 2020 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Phoenix-Mesa-Scottsdale, AZ MSA	<u>Extremely Low (30%) Income Limits</u>	\$16,350	\$18,700	\$21,050	\$23,350	\$25,250	\$27,100	\$29,000	\$30,850
	<u>Very Low (50%) Income Limits</u>	\$27,250	\$31,150	\$35,050	\$38,900	\$42,050	\$45,150	\$48,250	\$51,350
	<u>Low (80%) Income Limits</u>	\$43,600	\$49,800	\$56,050	\$62,250	\$67,200	\$72,250	\$77,200	\$82,200

Disclaimer

The undersigned hereby acknowledges that any discussion, or sharing of data or other information with any City employee regarding Surprise Transportation Income Qualified General Public service is for evaluation only, and is not to be construed as a binding commitment being offered by the City of Surprise to provide any type of transportation or other service to the undersigned or any other person(s).

Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than two years, or both, under provisions of the United States Criminal Code.

Use of this program will be for medical or employment reasons? (please check one) YES NO

Applicant signature _____ Date _____

Application reviewed by _____ Date _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Copy of Driver's License or State Issued I.D. card for each adult member of the home
- Copy of current paystubs for the past month, showing Year to Date (for each household member over the age of 18 years)
- Copy of benefit letter from SS, SSI, SDI, or TANF (if applicable)
- Copy of additional income
- Copy of last two utility bills with applicant's name and address

Please email your completed application and all supporting documents to neighborhoodservices@surpriseaz.gov or mail your completed application and supporting documents to: City of Surprise Human Service & Community Vitality, Neighborhood Services Division, 16000 N. Civic Center Plaza, Surprise, AZ 85374. For questions, call (623) 222-1550. *Esta información está disponible en español. Llame (623) 222-1550 para pedir una copia en español.*

PLEASE EXPLAIN INTENDED PURPOSE FOR TRANSPORTATION: