



**FY 17-18 SURPRISE TRANSPORTATION  
INCOME QUALIFIED GENERAL PUBLIC APPLICATION**

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:		
Preferred Method of Contact: (Call, E-mail)		
Home occupant information. Please list all occupants of the home other than yourself:		

GROSS HOUSEHOLD MONTHLY INCOME (before taxes)	Amount
Wages, salary, tips, etc.	\$
Business income	\$
Interest & dividend income	\$
Social Security	\$
Supp. Security Income (SSI)	\$
Retirement/pension/annuity	\$
Unemployment income	\$
Disability income	\$
Veteran's Administration	\$
DES Cash Assistance	\$
Alimony/child support received	\$
Rental property income	\$
Other:	\$
<b>TOTAL gross monthly income</b>	<b>\$</b>



**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? Y/N \_\_\_\_\_**

**Applicant signature \_\_\_\_\_ Date \_\_\_\_\_**

**Application taken by \_\_\_\_\_ Date \_\_\_\_\_**

Please mail or hand-deliver 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.*

FY 17-18 Income Limit Area	Median Income	FY 17- 18 Income Limit	Persons in Family							
			1	2	3	4	5	6	7	8
Maricopa County	\$66,200	Very Low (50%) Income Limits	\$23,200	\$26,500	\$29,800	<b>\$33,100</b>	\$35,750	\$38,400	\$41,050	\$43,700



**PLEASE ATTACH THE FOLLOWING DOCUMENTS:**

- \_\_\_ Copy of current paystubs for the last 3 months (for each household member over the age of 18 years)
- \_\_\_ Copy of benefit letter from SS, SSI or TANF (if applicable)
- \_\_\_ Copy of additional income
- \_\_\_ Copy of Driver's License or State Issued I.D. card for each adult member of the home
- \_\_\_ Copy of last two utility bills with applicant's name and address

**PLEASE LIST INTENDED PURPOSE FOR TRANSPORTATION:**