

# Transit Affordable Pass Program (APP) Application



To qualify for the Affordable Pass Program (APP) you need to provide **proof of your household income**. Household income is defined as the total income of all members of a household aged 15 years or older. Household members do not have to be related. **Eligibility is ONLY extended to residents of Essex County. Documentation for every member of the household must be submitted for this application to be processed.**

|                                   |                 |       |                |
|-----------------------------------|-----------------|-------|----------------|
| <b>OFFICE USE ONLY</b>            |                 |       |                |
| <input type="checkbox"/> Approved | Registration #: | _____ |                |
| <input type="checkbox"/> Denied   | Reason:         | _____ |                |
| Valid Until:                      | Date:           | _____ | Initial: _____ |

**Section "A" – Application (Please Print. Shaded fields are required.)**  
 If this is an application for renewal please place a checkmark here

|  |   |                |      |                  |      |  |  |
|--|---|----------------|------|------------------|------|--|--|
| Last Name  |   |                |      | First Name       |      |  |  |
| Address:   | Apt. #  | Street Address |      |                  | City | Postal Code  |  |
| Age: _____   | Day   | Month          | Year | Telephone Number |      | Email Address  |  |
| Date of Birth:   |   |                |      |                  |      |  |  |
| Marital Status   | <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Separated/Divorced |                |      |                  |      |  |  |
| Please indicate which applies to you: <input type="checkbox"/> High School <input type="checkbox"/> College/University<br><input type="checkbox"/> Work <input type="checkbox"/> N/A   Institution Name: _____ |   |                |      |                  |      | Do you already own a Bus Pass?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**Section "B" – Spouse/Partner (Please Print)**

|  |     |       |      |                  |  |  |  |
|--|-----|-------|------|------------------|--|--|--|
| Last Name  |     |       |      | First Name       |  |  |  |
| Age: _____   | Day | Month | Year | Telephone Number |  | Email Address  |  |
| Date of Birth:   |     |       |      |                  |  |  |  |
| Please indicate which applies to you: <input type="checkbox"/> High School <input type="checkbox"/> College/University<br><input type="checkbox"/> Work <input type="checkbox"/> N/A   Institution Name: _____ |     |       |      |                  |  | Do you already own a Bus Pass?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**Section "C" – List all other household members**

|                         |     |       |      |                  |  |  |  |
|-------------------------|-----|-------|------|------------------|--|--|--|
| Last Name               |     |       |      | First Name       |  |  |  |
| Age: _____              | Day | Month | Year | Telephone Number |  | Please indicate which applies to you: <input type="checkbox"/> High School <input type="checkbox"/> Work<br><input type="checkbox"/> College/University <input type="checkbox"/> N/A |  |
| Date of Birth:          |     |       |      |                  |  |  |  |
| Institution Name: _____ |     |       |      |                  |  |  |  |

|                         |     |       |      |                  |  |  |  |
|-------------------------|-----|-------|------|------------------|--|--|--|
| Last Name               |     |       |      | First Name       |  |  |  |
| Age: _____              | Day | Month | Year | Telephone Number |  | Please indicate which applies to you: <input type="checkbox"/> High School <input type="checkbox"/> Work<br><input type="checkbox"/> College/University <input type="checkbox"/> N/A |  |
| Date of Birth:          |     |       |      |                  |  |  |  |
| Institution Name: _____ |     |       |      |                  |  |  |  |

|                         |     |       |      |                  |  |  |  |
|-------------------------|-----|-------|------|------------------|--|--|--|
| Last Name               |     |       |      | First Name       |  |  |  |
| Age: _____              | Day | Month | Year | Telephone Number |  | Please indicate which applies to you: <input type="checkbox"/> High School <input type="checkbox"/> Work<br><input type="checkbox"/> College/University <input type="checkbox"/> N/A |  |
| Date of Birth:          |     |       |      |                  |  |  |  |
| Institution Name: _____ |     |       |      |                  |  |  |  |

|                         |     |       |      |                  |  |  |  |
|-------------------------|-----|-------|------|------------------|--|--|--|
| Last Name               |     |       |      | First Name       |  |  |  |
| Age: _____              | Day | Month | Year | Telephone Number |  | Please indicate which applies to you: <input type="checkbox"/> High School <input type="checkbox"/> Work<br><input type="checkbox"/> College/University <input type="checkbox"/> N/A |  |
| Date of Birth:          |     |       |      |                  |  |  |  |
| Institution Name: _____ |     |       |      |                  |  |  |  |

*Please use supplemental applications if you are listing additional household members.*

## Section "D" – Income

To be eligible for the Transit Windsor Affordable Pass Program (APP), household before tax income must be below the amount shown in the Statistics Canada Low-Income Cut-Off Table.

Circle your household size and income.

- Include **2022 proof of income for yourself and every member of your household.** Applicants must provide a photocopy of a NOA, OW-monthly benefits statement, with the signed application form.
- Include a copy of your most recent Canada/Ontario Child Benefit notice or GST/HST Credit notice (pages 1 and 2) for all dependants.

Applications can be dropped off in person at the customer service counter Transit Windsor, 300 Chatham Street West, or LaSalle Civic Centre, 5950 Malden Road  
 Mail to: APP - Windsor International Transit Terminal, 300 Chatham St. W., Windsor Ontario, N9A 0A8.  
 For more information, contact Transit Windsor at (519) 944-4111.

| 2022 Statistics Canada Low-Income Cut-Off (LICO) |                     |
|--|---------------------|
| Household Size                                   | Income (Before Tax) |
| <b>1 Person</b>                                  | <b>\$25,303</b>     |
| <b>2 People</b>                                  | <b>\$31,498</b>     |
| <b>3 People</b>                                  | <b>\$38,723</b>     |
| <b>4 People</b>                                  | <b>\$47,016</b>     |
| <b>5 People</b>                                  | <b>\$53,323</b>     |
| <b>6 People</b>                                  | <b>\$60,142</b>     |
| <b>7 or More People</b>                          | <b>\$66,958</b>     |

## Section "E" – Program Evaluation

How did you hear about the Affordable Bus Pass Program? (Please check all that apply)

- Bus Ad**     
  **Ontario Works Office**     
  **Poster**     
  **Radio/TV/Newspaper**     
  **Bus Schedule Ad**  
 **Word of Mouth**   
  **Website (Which One?)** \_\_\_\_\_   
  **Other (Please Specify)** \_\_\_\_\_

What will be the main use of this bus pass?

- Work**     
  **School**     
  **Medical**     
  **Leisure**     
  **Other** \_\_\_\_\_

## How to Qualify

Failure to provide a copy of applicable documentation listed below, along with a signed and dated application **will result in your application not being processed.**

**Acceptable proof of Low-Income Cut-Off (LICO)** includes government issued: **1)** Notice of Assessment (NOA) from Canada Revenue Agency - required for all persons 18 years and older. **2)** Ontario Works (OW) Benefits Stub - with names of recipients. **3)** Ontario Disability Support Program (ODSP) Benefits Stub - with names of recipients. **4)** Canada/Ontario Child Tax Benefit Notice - required for dependants under the age of 18 years. **5)** Ontario Trillium Benefit (OTB) Notice. **6)** Goods and Service Tax/Harmonized Sales Tax (GST/HST) Credit Notice. **7)** Government of Canada - Confirmation of Permanent Residence.

**ODSP** must provide a copy of their monthly benefits statement. Clients with dependants that are not on their benefit statement must provide proof of their dependants by submitting a copy of the Canada /Ontario Child Tax Benefit Notice **or** the Harmonized Sales Tax Benefit Notice including dependents names on page 2 (a printed My Account CRA online statement is acceptable).

**OW** clients with dependants that are not on their benefit stub will need proof of their dependants by submitting a copy of the Canada /Ontario Child Tax Benefit Notice **or** the Harmonized Sales Tax Benefit Notice including dependents names on page 2 (a printed My Account CRA online statement is acceptable).

Transit Windsor reserves the right to cancel the Affordable Pass Program at any time. Processing may take four to six weeks. If you do not receive a response after six weeks please contact us.

## Section "F" – Application Signatures

All of the statements in this application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted. The Criminal Code of Canada subsection 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence.

The personal information collected on this form is being collected under the authority of the Sandwich, Windsor and Amherstburg Railway ACT (SW&A). This information will only be used for the purpose of processing and evaluating the Affordable Pass Program (APP). Questions about this collection may be directed to Transit Windsor, Attention: Sales and Marketing Supervisor, 300 Chatham Street, West or phone 519-255-6100, Ext. 6637.

|  |     |       |      |
|--|-----|-------|------|
|  | Day | Month | Year |
|--|-----|-------|------|

Signature of Applicant

Date

|  |     |       |      |
|--|-----|-------|------|
|  | Day | Month | Year |
|--|-----|-------|------|

Signature of Spouse/Partner

Date

**In signing this application you are consenting to your information being provided to Transit Windsor for the purpose of program administration. Transit Windsor retains sole discretion to approve or deny any application.**