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.

OFFICE USE ONLY
☐ Approved  □ Denied
Registration #: ___________________________
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  City  Postal Code

Age: ______  Day  Month  Year

Telephone Number  Email Address

Marital Status  □ Single  □ Married/Common Law  □ Separated/Divorced

Please indicate which applies to you: □ High School  □ College/University
☐ Work  □ N/A  Institution Name:

Do you already own a Bus Pass? □ Yes  □ No

Section “B” – Spouse/Partner (Please Print)

Last Name  First Name

Age: ______  Day  Month  Year

Telephone Number  Email Address

Please indicate which applies to you: □ High School  □ College/University
☐ Work  □ N/A  Institution Name:

Do you already own a Bus Pass? □ Yes  □ No

Section “C” – List all other household members

Last Name  First Name

Age: ______  Day  Month  Year

Telephone Number  Please indicate which applies to you: □ High School  □ College/University
☐ Work  □ N/A

Institution Name:

Last Name  First Name

Age: ______  Day  Month  Year

Telephone Number  Please indicate which applies to you: □ High School  □ College/University
☐ Work  □ N/A

Institution Name:

Last Name  First Name

Age: ______  Day  Month  Year

Telephone Number  Please indicate which applies to you: □ High School  □ College/University
☐ Work  □ N/A

Institution Name:

Last Name  First Name

Age: ______  Day  Month  Year

Telephone Number  Please indicate which applies to you: □ High School  □ College/University
☐ Work  □ N/A

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 2018 proof of income for yourself and every member of your household. Applicants must provide a photocopy of a NOA – include line 150. ODSP – monthly benefits statement or OW – monthly benefits statement, with the signed application form.
- Include a copy of your most recent Child Tax Benefit or HST 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 Maiden Road
Mail to: APP - 3700 North Service Road East, Windsor, Ontario N8W 5X2.

For more information, contact Transit Windsor at (519) 944-4111.

2018 Statistics Canada Low-Income Cut-Off (LICO)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income (Before Tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$22,324</td>
</tr>
<tr>
<td>2 People</td>
<td>$27,790</td>
</tr>
<tr>
<td>3 People</td>
<td>$34,165</td>
</tr>
<tr>
<td>4 People</td>
<td>$41,481</td>
</tr>
<tr>
<td>5 People</td>
<td>$47,046</td>
</tr>
<tr>
<td>6 People</td>
<td>$53,061</td>
</tr>
<tr>
<td>7 or More People</td>
<td>$59,076</td>
</tr>
</tbody>
</table>

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.

Accepted 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.

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 dependants 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 dependants 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.

Signature of Applicant

Date

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.