



## Fare Subsidy Program (FSP) Eligibility Application

Client Information	Proof of Income	
	Check off the document attached	
Last Name:	<input type="checkbox"/> WIC	<input type="checkbox"/> Medicaid
First Name:	<input type="checkbox"/> SNAP	<input type="checkbox"/> SSI/SSDI or SSA
Phone:	<input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI)	
Date of Birth:	<input type="checkbox"/> Government Assistance	<input type="checkbox"/> Other General Assistance
Client ID Number:	<input type="checkbox"/> Most recent tax return	<input type="checkbox"/> Three most recent paystubs
	<input type="checkbox"/> Most recent year end SS statement	

In order to expedite the processing of your application, this form must be accompanied by the above stated Proof of Income, and that your ADA application is not expired, pending or needs to be recertified.

I verify that these statements are true and correct to the best of my knowledge. I understand that supplying false information may disqualify my application.

☐ This application is being completed and signed by the Designated Representative, Guardian, Power of Attorney (POA), or sponsor of the client.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_