APPLICATION

MUNICIPALITY OF CHATHAM-KENT AFFORDABLE BUS PASS PROGRAM



Please contact 519-360-1998 to:

- 1. Get assistance completing the application;
- 2. Ask
- * PLEASE NOTE ONE APPLICATION PER FAMILY

| k any questions about the program; | *MUST PRESENT DOCUMENTATION IN PERSO |
|------------------------------------|--|
| k any questions about the program; | MICST FINESCIAL DOCCIMIENTATION IN FENSO |

| 1. Application (please print) | | | | | | | |
|---|---|-------------------|-----------------------|----------------------|---------------|------------------|----|
| Last Name | | | | First Name | | | |
| Date of Birth | | | | Age | | | |
| You are the appli | cant. Are you requesting | g an Affordable B | Bus Pass for yourself | ? | Yes | | No |
| Income (From N | otice of Assessment) | | | | | | |
| Address | | | | | Apartmen | t or unit number | |
| City/Town | | Postal Code | | Main Phone ու | ımber | | |
| Email | | | | | | | |
| CARD# | | | ID# | | | | |
| SIGNATURE | | | | | | | |
| 2. Family Me | mbers and Depend | dants | | | | | |
| | family members (Spouse/pmembers, provide the info | | | e same address as tl | ne applicant. | | |
| Last Name | | | | First Name | | | |
| Date of Birth | | | | Age | | | |
| Income (From N | otice of Assessment) | | | Ī | | | |
| No Income or 17 years of age and younger Is this family member requesting an Affordable Bus Pass? Yes No | | | | | | | |
| · | lemmer requesting ar | | | | . 65 | | |
| CARD# | | | ID# | | | | |
| SIGNATURE | | | | | | | |
| Last Name | | | | First Name | | | |
| Lust Hume | | | |] | |] | |
| Date of Birth | | | | Age | | | |
| | lotice of Assessment) | | | <u> </u> | | | |
| | 17 years of age and ye nember requesting ar | _ | Yes us Pass? | j | Yes | | No |
| CARD# | | | ID# | | | | |
| SIGNATURE | | | <u> </u> | | | | |
| SIGNATORE | | | | _ | | | |
| Last Name | | | | First Name | | | |
| Date of Birth | | | | Age | | | |
| Income (From N | otice of Assessment) | | | I | | | |
| No Income or 3 | 17 years of age and y | ounger | Yes |] | | | |
| Is this family m | nember requesting ar | n Affordable B | us Pass? | | Yes | | No |
| CARD# | | | ID# | | | | |
| SIGNATURE | | | | | | | |

| PLEASE ADD ADDITIONAL APPLICA | TIONS IF REQUIRED | | |
|--|---|---------------------------------------|------------------------------|
| Last Name | | First Name | |
| Date of Birth | | Age | |
| Income (From Notice of Assessment) | | Ī | |
| No Income or 17 years of age and y | younger Yes | Ī | |
| Is this family member requesting a | n Affordable Bus Pass? | Υe | es No |
| CARD# | ID# | | _ |
| SIGNATURE | | | |
| | | | |
| 3. Family Income | | | |
| Check your family size in the | | Ι | Total Income for Application |
| Statistics Canada Low Income Measures Before Tax Table. | Family Size | Low Income Measures | - _{#1} |
| Your family size includes you, your | 1 | 25,516 | |
| spouse or partner and dependents living in your home. | 2 | 36,084 | #2 |
| To be all the fourth of Affordable | 3 | 44.404 | #3 |
| To be eligible for the Affordable Bus Pass, you must fit into one of the | 4 | 44,194 | #4 |
| scenarios in the table. Your family income (before taxes) must be | | 51,031 | #5 |
| less than or equal to the Low Income | 5 | 57,054 | #3 |
| Measures for your family size. | 6 | 62,500 | #6 |
| | 7 | 67.500 | #7 |
| | To convert to other household sizes | 67,508 , multiply the value in the | TOTAL FAMILY INCOME |
| | one-person household by the squar | e root of the desired | |
| 4. Family Income Documents | household size. | | |
| Attach a current copy of your Canada Refor all members with an income. Docum | | | |
| most current available. ODSP clients may | | income and must be the | |
| 5. Supporting Identification Do | ocuments | | |
| One of the following supporting docume - Birth Certificate - Passpor | | nd each family member): | |
| - | Health Card (where the date of birth | is imprinted on the card) | |
| | | | |
| 6. Collection of Personal Inform The information on this form with accomp | | the Municipality of Chatham- | Kent. |
| The Municipality follow the Municipal Act | - | | · |
| R.S.O. 1990. Your information will be used you updates about any program changes. | | _ | |
| please call (name and phone number) The Municipality of Chatham-Kent reserve | ves the right to terminate the eligibilit | v of any participant if they ar | e found |
| to be in breach of this policy | | | |
| 7. Signature | | | |
| All adults and any family members and de By signing you agree that all the statemen | • | | |
| required to be given has been concealed of by deceit, falsehood or other fraudulent n | | | |
| is guilty of an offence. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Applicant's signature | | Date | |
| 8. Sending in Your Application | | day/month | /year |
| Deliver in person to: Chatham-Kent Civ | ic Centre 315 King Street W, Chathan | n, ON | |
| Office Use only | | | |
| Approved Denied Reason | | | |
| All Documents Verif | | _ | |
| ODSP Deposit State | ment verified | | |

CSR Signature:

Date: