

# BUS PASS SUBSIDY PROGRAM APPLICATION

DEPARTMENT OF TRANSPORTATION SERVICES  
 CITY AND COUNTY OF HONOLULU  
 650 S. KING STREET, 3<sup>rd</sup> FLOOR, HONOLULU, HI 96813  
 PHONE: 768-8372



2020

The Bus Pass Subsidy Program provides each person in an eligible household with a discount voucher to use toward the price of a monthly bus pass: Adult monthly voucher = \$10 Youth monthly voucher = \$6.50  
**ELIGIBLE APPLICANTS WILL PAY \$60\* FOR A MONTHLY ADULT PASS AND \$28.50\* FOR A MONTHLY YOUTH PASS**  
 (\*BASED ON 2020 PRICES FOR MONTHLY BUS PASSES AND SUBJECT TO CHANGE)

One application covers the entire household, but income sources and supporting documents must be provided for each person. Incomplete applications with supporting documents will be returned. Please allow 30-45 days upon submission of complete applications for processing time.

## SECTION A - APPLICANT INFORMATION

|  |       |   |       |
|--|-------|---|-------|
| First Name and Middle Initial              |       | Last Name                                 |       |
| Home Address (number and street, apt. no.) |       | Do you receive housing assistance? Yes/No |       |
| City, State, and Zip Code                  |       | Monthly Amount Received: \$               |       |
| <b>Phone Numbers</b>                       | Home: | Work:                                     | Cell: |

## SECTION B - HOUSEHOLD SIZE

|                         | First Name and Middle Initial | Last Name | Birth Date (M_D_Y) | Do you already have a Disability Bus Pass OR Handi-Van Pass | Relationship |
|-------------------------|-------------------------------|-----------|--------------------|---|--------------|
| 1 Yourself              |                               |           |                    | Yes/No  |              |
| 2 Spouse                |                               |           |                    | Yes/No  |              |
| Other Household Members |                               |           |                    |   |              |
| 3                       |                               |           |                    | Yes/No  |              |
| 4                       |                               |           |                    | Yes/No  |              |
| 5                       |                               |           |                    | Yes/No  |              |
| 6                       |                               |           |                    | Yes/No  |              |
| 7                       |                               |           |                    | Yes/No  |              |
| 8                       |                               |           |                    | Yes/No  |              |

Note: All persons (immediate family members, relatives, friends, others) living in your household should be listed in this section.

## SECTION C - COMBINED TOTAL ANNUAL INCOME FOR ALL PERSONS NAMED (Attach supporting documents, see Section E)

Includes wages, interest, dividends, pensions, annuities, Social Security, welfare, cash assistance, alimony, child support, food stamps, disability, or unemployment, etc. Circle "Yes" or "No" if you are receiving or not receiving any of the income sources listed below. Circle "Monthly" or "Annual" and indicate the amount received.

|                         | Monthly/Annual IRS Income (Yes/No) | Monthly/Annual Social Security Benefits (Yes/No) | Monthly/Annual Food Stamps (Yes/No) | Monthly/Annual Welfare/Cash Assistance (Yes/No) | Monthly/Annual Child Support Alimony (Yes/No) | Monthly/Annual Disability Assistance (Yes/No) | Monthly/Annual Other/Unemployment/Foreign Accounts (Yes/No) |
|-------------------------|------------------------------------|--|-------------------------------------|---|---|---|---|
| 1 Yourself              | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| 2 Spouse                | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| Other Household Members |                                    |  |                                     |   |   |   |   |
| 3                       | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| 4                       | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| 5                       | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| 6                       | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| 7                       | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| 8                       | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |
| Sub-Total               | \$                                 | \$   | \$                                  | \$  | \$  | \$  | \$  |

**Combined Total Annual Household Income = \$**  
 (Include Housing Assistance from Section A)

## SECTION D - ELIGIBILITY

Circle your household size on the first row of the Table below. Is your household's combined total annual income less than the maximum income shown for your household size? Circle "NO" or "YES" on the last row of the Table.

| Your Household Size (From Section B)                  | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| Your Combined Total Income less than (From Section C) | \$26,450 | \$30,200 | \$34,000 | \$37,750 | \$40,800 | \$43,800 | \$44,860 | \$50,730 |
| Eligible (Circle Answer)                              | Yes/No   |

If you circled - **NO**. You are ineligible. **YES**. Continue with application. Eligibility will be verified and processed by Department of Community Services (DCS).

Note: Income limits are subject to change without notice, in accordance with the US Department of Housing and Urban Development Income Limits Guidelines.

**SECTION E – SUPPORTING DOCUMENTATION** (To verify household income, all household members **18 years and older** are required to submit the following documents **whether they receive benefits or not**. All required documents verifying household income shall be submitted with your application or your application will be returned.)

| Income Source   | Documents Required   |
|---|--|
| Internal Revenue Service Tax Return Transcript<br>- Total Income (wages, pension, interests, dividends, annuity, unemployment compensation, etc.) | Use Form 4506T-EZ to request Tax Return Transcript, and send to the Internal Revenue Service (see address at the back of the form). The form can be downloaded at <a href="https://www.irs.gov/pub/irs-pdf/f4506tez.pdf">https://www.irs.gov/pub/irs-pdf/f4506tez.pdf</a> or can be obtained from the Department of Transportation Services (DTS). The IRS will send the transcript to YOU after you mail completed Form 4506T-EZ to: Internal Revenue Service, RAIVS Team, Stop 37106, Fresno CA 93888. |
| Social Security Benefits<br>- Supplemental Income<br>- Disability   | To request a benefit verification letter: 1) online at <a href="https://secure.ssa.gov/RIL/SiView.do">https://secure.ssa.gov/RIL/SiView.do</a> ; 2) phone at 1-800-772-1213 (TTY 1-800-325-0778); or 3) visit the local (Oahu) Social Security Office at the following locations:<br><br>Address 1: 300 Ala Moana Blvd #1114, Honolulu, HI 96850<br>Address 2: 970 Manawai St, Kapolei, HI 96707   |
| Public Assistance<br>- Food Stamps<br>- Welfare/Cash Assistance   | To request a benefit verification letter of receipt/non-receipt for food stamps and cash assistance: 1) visit your local State of Hawaii Department of Human Services (SDHS) Processing Center or 2) SDHS main office: 333 N. King Street, Honolulu HI 96817 and 3) ask for a DHS Form 1463.<br><br>By signing Section G, the applicant is giving DTS/DCS the authorization to verify receipt/non-receipt of public assistance from SDHS.  |
| Child Support/Alimony   | Submit supporting documentation.   |
| Other Income-Related Sources  | Submit supporting documentation.   |

**SECTION F – SUBSIDY SELECTION AND NUMBER**

- \$10 monthly discount voucher(s) toward the current cost of a monthly **ADULT** Bus Pass (\$70\*); you will pay \$60\*. (\*BASED ON 2020 PRICES FOR MONTHLY BUS PASSES AND SUBJECT TO CHANGE)

List Names: \_\_\_\_\_

- \$6.50 monthly discount voucher(s) toward the current cost of a monthly **YOUTH** Bus Pass (\$35\*); you will pay \$28.50\*. (\*BASED ON 2020 PRICES FOR MONTHLY BUS PASSES AND SUBJECT TO CHANGE)

List Names: \_\_\_\_\_

(To verify **YOUTH** class, attach a copy of the youth dependent's State Driver's License, US Passport, State ID, Permanent Residence Card, or Birth Certificate in English).

**SECTION G – CERTIFICATION AND SIGNED CONSENT/AUTHORIZATION TO RELEASE INCOME INFORMATION**

By signing below, I certify that the information provided is true to the best of my knowledge and I must provide the documentation to support this application. I am also aware that the information that I have provided is subject to review and verification, and I authorize the release of information to verify my income sources. This information will be used only for eligibility purposes and will be treated confidentially.

Signature(s) of applicant, spouse and all household members, **18 years and older**.

|            | SIGNATURE | Print First Name and Middle Initial | Print Last Name |
|------------|-----------|-------------------------------------|-----------------|
| 1 Yourself |           |                                     |                 |
| 2 Spouse   |           |                                     |                 |
| 3          |           |                                     |                 |
| 4          |           |                                     |                 |
| 5          |           |                                     |                 |
| 6          |           |                                     |                 |
| 7          |           |                                     |                 |
| 8          |           |                                     |                 |

Date \_\_\_\_\_

**RENEWAL**

You must reapply before July 1<sup>st</sup> every year for recertification by completing a new application and submitting current documentation no earlier than sixty (60) calendar days prior to the expiration date on your approval letter.

**MAIL THE APPLICATION AND SUPPORTING DOCUMENTS TO:**

BUS PASS SUBSIDY PROGRAM  
 Department of Transportation Services  
 City and County of Honolulu  
 650 South King Street, 3rd Floor  
 Honolulu, HI 96813  
 FOR ASSISTANCE: Please Call 768-8372