

# 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: 768-8367



2016

**BUS PASS SUBSIDY IS A \$10 VOUCHER FOR A \$60 MONTHLY ADULT PASS AND A \$6.50 VOUCHER FOR A \$30 MONTHLY YOUTH PASS IF ELIGIBLE YOU WILL PAY \$50 FOR A MONTHLY ADULT PASS AND \$23.50 FOR A MONTHLY YOUTH PASS**

**PLEASE PRINT CLEARLY** One application covers the entire household, but income sources and supporting documents must be provided for each person. Please allow 30-45 days upon submission for application 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: \$	
Phone Numbers	Home:	Work:	Cell:

## SECTION B - HOUSEHOLD SIZE

	First Name and Middle Initial	Last Name	Birth Date (M_D_Y)	Social Security Number	Relationship
1 Yourself					
2 Spouse					
Other Household Members					
3					
4					
5					
6					
7					
8					

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 (Yes/No)	Monthly/Annual Alimony (Yes/No)	Monthly/Annual Disability Assistance (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)	\$21,150	24,150	27,150	30,150	32,710	37,470	42,230	47,010
Eligible (Circle Answer)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	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. 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 - 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).
Social Security Benefits - Supplemental Income - 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:  Address 1: 300 Ala Moana Blvd #1114, Honolulu, HI 96850 Address 2: 970 Manawai St, Kapolei, HI 96707
Public Assistance - Food Stamps - Welfare/Cash Assistance	Submit supporting documents such as: Supplemental Nutrition Assistance Program (food stamps) and other public assistance benefits letter from the State Department of Human Services (SDHS). By signing Section G, the applicant is giving DTS/DCS the authorization to verify receipt or 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**

Monthly **ADULT** Bus Pass. List Names: \_\_\_\_\_

Monthly **YOUTH** Bus Pass. 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 re-apply July 1<sup>st</sup> every year for re-certification 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