TAROPWEN AMASOU ALILIS REN PROKRAMIN BUS PASS	**BUS PASS SUBSIDY PROGRAM APPLICATION** **DEPARTMENT OF TRANSPORTATION SERVICES** CITY AND COUNTY OF HONOLULU 650 S. KING STREET, 3rd FLOOR, HONOLULU, HI 96813 PHONE: 768-8372	**2020** CHUUKESE

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)

Ewe Prokramen Aninis ren Bus Pass a awora ngerni emon aramas seni ewe imw/famini mi mumu ngenir ei Prokram ew "foucher" an epwe ekesiwini ngeni mon echo Bus Pass non ew maram
Noun Watte foucher non ew maram = $10 Noun Serafo foucher non ew maram = $6.50

ARAMAS WATTE IR MI FITI EI PROKRAM REPWE MONI BUS PASS WON $60.00*
EW MARAM NGE SERAFO REPWE MONI BUS PASS WON $28.50* EW MARAM

(*Anonongon won 2020 mon Bus Pass iteiten maram nukun ika ewor ekesiwinin niwin)

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.

Echo taropwen amasou ren ei Prokramen Aninis ren Bus Pass epwe amasou faniten meinisin chon ew imw ika famini, nge moni tonong fiti me taropwen pwarata ian e eto meia nour moni epwe kawor ren emon me emon aramasen ewe imw ika famini. Ika pwe ese unusochuno amasowan ika taropwen pwarata ren ei taropwen amasou iwe epwe niwin sefaniti ewe Imw e amasowa ei taropwe. Epwe ukkukkun 30-45 ranin angangen ei taropwen seni an a tori ei Prokram

SECTION A - APPLICANT INFORMATION KINIKIN A- TICHIKIN POROUSEN EWE CHON AMMASOU

First Name and Middle Initial Aewin Itomw me omw met omw middle initial	Last Name Iten Omw Nas Name
Home Address (number and street, apt. no.) Addressin Neniomw (nampan neni me nampan imwomw)	Do you receive housing assistance? Yes / No En mi angei aninis faniten imwomw? Ewer / Apw Monthly Amount Received: $ Ukukun ka angei iteiten maram:$
City, State, and Zip Code	

Phone Numbers Nampan Tenefon	Home: Nampan Imwomw:	Work: Nampan Omw Angang:	Cell:

SECTION B - HOUSEHOLD SIZE KINIKIN B- UKUKUN CHON NON IMWOMW

	First Name and Middle Initial Itomw me omw middle initial	Last Name Omw Nas name	Birth Date (M_D_Y) Ranin Uputiwom (maram_ran_ier)	Do you already have a Disability Bus Pass OR Handi-Van Pass? Aa fen wor noun mi mwok/teer Bus Pass IKA Handi-Van Pass?	Relationship Tefeomw
1 Yourself En				Yes / No Ewer / Apw	
2 Spouse Etiomw				Yes / No Ewer / Apw	
Other Household Members Ekoch chochoon non imwomw					
3				Yes / No Ewer / Apw	
4				Yes / No Ewer / Apw	
5				Yes / No Ewer / Apw	
6				Yes / No Ewer / Apw	
7				Yes / No Ewer / Apw	
8				Yes / No Ewer / Apw	

Note: All persons (immediate family members, relatives, friends, others) living in your household should be listed in this section.
Note: Meinisin aramas (chon omw famini, aramasomw, chiechiom ekkoch) ir mi nomw non imwomw repwe makkeitiw iter non ei kinikin.

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.

KINIKIN C- OCHU FENGENI KAPACHENAPEN MWONI TONONG NON EU IER REN MEINISIN EKKEWE ARAMAS MI MAKKETIW ITER.

(Apachata taropwen pwarata, nengeni Kinikin E) Apachanong niwinumw non angang, interest, dividends, pension, annuities, social security, welfare, cash assistance, alimony, child support, food stamps, disability, or unemployment, etc. Fini **"Ewer" ika "Apw"** ika pwe en mi angei ika aea ekkei pekin aninis mei mak fan. Fini **"iteiten Maram" ika "iteiten ler"** omw angei ika aea kei aninis me affata ukukun met ke angei.

	Monthly/Annual IRS Income Iteiten Maram / Ier IRS mwoni tonong (Yes / No) (Ewer / Apw)	Monthly/Annual Social Security Benefits Iteiten Maram / Ier Aninisin Social Security (Yes / No) (Ewer / Apw)	Monthly/Annual Food Stamps Iteiten Maram / Ier Food Stamps (Yes / No) (Ewer / Apw)	Monthly/Annual Welfare/Cash Assistance Iteiten Maram / Ier Welfare/Cash Assistance (Yes / No) (Ewer / Apw)	Monthly/Annual Child Support Alimony Iteiten Maram / Ier Monien Aninisin Semirit monien aninisin wesin pupunu (Yes / No) (Ewer / Apw)	Monthly/Annual Disability Assistance Iteiten Maram / Ier Disability Assistance (Yes / No) (Ewer / Apw)	Monthly/Annual Other/Unemployment/ Foreign Accounts Iteiten Maram / Ier Monien aninis ren Ekkoch Popun/Ren Ese Wor Angang/Ren nenien isois moni me nukun (Yes / No) (Ewer / Apw)
1 Yourself En							
2 Spouse Etiomw							
Other Household Members Ekoch chon non imwomw							
3							
4							
5							
6							
7							
8							
Sub-Total Kapachenapan							

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

Ochu fengeni kapachenapen mwoni tonong non ewe imw = $ (Kapachenong ewe Aninisin imw non Kinikin 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.

KINIKIN D – TUFICH IKA ESAP TUFICH

Fini meni nein ekkewe chochoon famini non kinikin eu me non ei chepen fan e mas ngeni chochoon omw we famini. Ika pwe ke ochu fengeni kaapachenapen mwoni tonong non imwom ewe, epwe kisi seni ewe watten aukukun mwoni tonong ren ekkewe famini chochoon mi usun chok chochoon omwuwe? Fini "Apw" ika "Ewer" me fachikin na Chepen me fan.

Your Household Size (From Section B) Chochoon non imwomw (Seni Kinikin B)	1	2	3	4	5	6	7	8
Your Combined Total Income less than (From Section C) Kaapachenapen omw mwoni tonong mei kis seni (Seni Kinikin C)	$26,450	$30,200	$34,000	$37,750	$40,800	$43,800	$44,860	$50,730
Eligible (Circle Answer) Tufich ika ese tufich (Fini Uu ika Apw)	Yes / No Uu / Apw	Yes / No Uu / Apw	Yes / No Uu / Apw	Yes / No Uu / Apw	Yes / No Uu / Apw	Yes / No Uu / Apw	Yes / No Uu / Apw	Yes / No Uu / Apw

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.

Ika pwe ke fini – **Apw**. Iwe kose tufichin aea. **Uu** ika Ewer. Soposopono ne amasowa ei taropwe. Ewe Putain Community Service (DCS) epwe anneta me fori angang won me mwen an epwe fat ika epwe wor ika esapw wor ei aninis. *Achem: Kesiwinin keukukunn mwoni tonong mei tongeni an epwe kesiwin, non usun met epwe affat meren ewe Putain 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.)

KINIKIN E – TAROPWEN PWARATA (Meinisin chochoon non omw famini ika imwom, **18 ierir ika watte seni**, mi echimw ar repwe wato ekkei taropwe ach sipwe tongeni kutta pwungun moni tonong an chochoon non imwomw. Meinisin taropwe sia mochen kopwe wato faniten anneta mwoni tonong mi wor ren chon non imwom epwe Katonong fiti noum ewe taropwen amasow ika kose apachanong noum ewe taropwen amasow epwe niwin sefal.

Income Source Mwoni tonong a feito seni	**Documents Required Ekkewe taropwe epwe kawor**
Internal Revenue Service Tax Return Transcript Taropwe seni Internal Revenue Service faniten faiel takises Total Income (wages, pension, interests, dividends, annuity, unemployment compensation, etc.) - Kapachenapen mwoni tonong (niwinumw seni angang, pension, interest, dividends, annuity, mwonien aninis faniten tou seni angang (unemployment, 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 https://www.irs.gov/pub/irs-pdf/f4506tez.pdf 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. Aia ewe taropwe 4506-EZ omw kopwe tungor taropwen Tax Return Transcript me tiini ngeni Internal Revenue Service (nengeni ewe address a nom ewe taropwe) ka tongeni angei ewe taropwe seni https://www.irs.gov/pub/irs-pdf/f4506tez.pdf ika angei seni ewe Department of Transportation Services (DTS). IRS epwe tinngonuk ew transkrip mwirin ka amasowa me tinano Fom 4506T-EZ ren Internal Revenue Service: RAVIS Team, Stop 37106, Fresno CA 93888
Social Security Benefits Aninis seni Social Security - Supplemental Income Ekoch puan monien anisi - Disability Ter	To request a benefit verification letter: 1) online at https://secure.ssa.gov/RIL/SiView.do; 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 Ka tongeni tungor ewe taropwen pwarata me: 1) Online me won https://secure.ssa.gov/RIL/SiView.do; 2) Tenefon 1-800-772-1213 (TTY 1-800325-0778); or 3) visit ewe offesin Social Security a nomw non ei neni: 1: 300 Ala Moana Blvd #1114, Honolulu, HI 96850 2: 970 Manawai St, Kapolei, HI 96707
Public Assistance - Food Stamps - 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. By signing Section G, the applicant is giving DTS/DCS the authorization to verify receipt or non-receipt of public assistance from SDHS. Ren tungoren taropwen pwarata ren met aninis ka tongeni angei-risiten mongo (food stamp) me foufoun moni/senis: 1) chunno ren ewe Hawaii Departmenin Aninisin Aramas (State Department of Human Services -SDHS) re ewe pekin fori angangen tungor ika feino ren 2) Ofesinapen SDHS a nomw 333 N. King Street, Honolulu, HI 96817 Ewe chon amasou, non an sainei Kinikin G, a mut ngeni DTS/DCS ar repwe tongeni afounuwa an nounou me aea met aninis seni SDHS.
Child Support/Alimony	Submit supporting documentation. Tiini met taropwen pwarata mi wor.
Other Income-Related Sources Ekkoch mwoni tonong -e feito me ian	Submit supporting documentation. Tiini met taropwen pwarata mi wor.

SECTION F – SUBSIDY SELECTION AND NUMBER KINIKIN F – FINI MENI ANINIS ME NAMPA

☐ $10 monthly discount voucher(s) toward the current cost of a monthly **ADULT** Bus Pass ($60*); you will pay $50*. (*BASED ON 2020 PRICES FOR MONTHLY BUS PASSES AND SUBJECT TO CHANGE) Koturutiw $10 seni ewe $60 niwinin Bus Pass ren aramas watte (wachimuuk) non iteiten maram iwe ka chok mwoni won $50. (*Anongonong won 2020 niwinin Bus Pass iteiten maram nukun chok ika ewor ekesiwinin niwin)

Makei iter:
List Names: _____

☐ $6.50 monthly discount voucher(s) toward the current cost of a monthly **YOUTH** Bus Pass ($30*); you will pay $23.50*. (*BASED ON 2020 PRICES FOR MONTHLY BUS PASSES AND SUBJECT TO CHANGE) Koturutiw $6.50 seni ewe $30 niwinin Bus Pass ren Serafo (Kukun) non iteiten maram iwe ka chok mwoni won $23.50. (*Anongonong won 2020 niwinin Bus Pass iteiten maram nukun chok ika ewor ekesiwinin niwin)

Makei iter:
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)*
*(Apacha ngeni ei taropwe kapin noun noumw (**At me nengin)** we State Driver License, US Passport, State ID, Permanent Residence Card, ika Birth Certificate non English ren an epwe pwarata meni class epwe fiti)*

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.

KINIKIN G – AFOUNUWA ME TAROPWEN MUTATA KATEWOUUN POROUSEN OMW MWONI TONONG.

Non ai uwa sainei fan, uwa anneta pwe met kei uwa makeitiw mei pung non ai sinei me upwe puan awora sokkun taropwen pwarata an epwe anisi ei taropwen amasou. Uwa puan weweiti me sinei nge met kei uwa makeitiw epwe tongeni wor angangen afounuwa ika mei pung ika ese pung, me uwa puan mutata an met kei uwa makei epwe tongeni tou ren ar repwe kutta pungun ai mwoni tonong. Met kei uwa makeitiw epwe chok nounou fan asengesin kutta ika epwe wor ei taropwen amasou, esapw puan ren eu wewe.

Signature(s) of applicant, spouse and all household members, **18 years and older.** An etiomw, ekkewe chon non ewe imw **ir ar nap seni 18 ierir,** me omw inching.

	SIGNATURE Inchungu itomw	Print First Name and Middle Initial Makei itomw me omw Middle initial	Print Last Name Makei iten omw Nas name
1 Yourself En			
2 Spouse Etiomw			
3			
4			
5			
6			
7			
8			

Date **Pwinin maram**

RENEWAL

You must reapply before July 1st 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.

AMASOU SEFAN

Kopwe chok akamasou noum taropwen tungor mwe mwen July 1st iteiten ier fan assengesin epwe fateno ika kopwe amasowa sefani echon minafon tungor mwe apachata minafon taropwen pwarata esap mang seni wone (60) raan mwe mwan epwe tori ewe pwinin maram epwe wes pochokunan usun mi afatetiw non noum we taropwen mumuta omw fiti ei Prokram

MAIL THE APPLICATION AND SUPPORTING DOCUMENTS TO:
TINNI EWE TAROPWEN AMASOU ME MET TAROPWEN PWARATA MI WOR NGENI:

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 REN ANINIS KOSE MOCHEN KOKORI 768-8372