



# Reduced Fare Application

For Office Use Only

Certification _____ <i>Government or State issued ID number</i>	_____ <i>Expiration date</i>	_____ <i>Staff initials</i>
Fare Deal number _____	_____ <i>Application date</i>	_____ <i>Card expiration date</i>
Additional notes _____		

All questions must be answered completely before your application will be considered. Please **PRINT** clearly.

_____ Last Name	_____ First Name	_____ MI
_____ Street Address		_____ Apt. #
_____ City	_____ State	_____ Zip code

**Mailing address** (If different than home address)

_____ Street Address	_____ Apt. #
_____ City	_____ State
_____ Zip code	

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F Social Security # \_\_\_\_\_

Please select only one:

- Veteran or active military?
- 65 or older?
- Medicare card?

Please attach Social Security Benefits Verification letter.

Disabled?

Please attach the original Physician Statement of Medical Disability eligibility form and letter or statement from your physician certifying your disability. Photocopies or faxed copies will not be accepted.



## **Applicant Agreement**

I certify, to the best of my knowledge, that the information on this application is true and correct.

I understand that providing false or misleading information may result in my eligibility status being terminated.

I understand that I must have an active or veteran military status, **OR** a Medicare card (any age), **OR** be aged 65 years or older, **OR** have a qualifying disability to be eligible for a Reduced Fare Card.

The Reduced Fare Card is not an income-based program; a Medicaid card will not qualify me for eligibility.

In order to be considered for Metro's Reduced Fare Card, I understand that I must present the following supplemental document(s) in person

- Current, state-issued photo ID that shows my date of birth.
- Current government issued ID stating military or veteran status **OR** DD Form 214 (if applying under military or veteran status).
- Medicare (if applying under Medicare status).
- The Physicians Statement of Medical Disability (if applying under disability status) **AND** a statement on letterhead or prescription pad.

I understand that the information on this application will be kept confidential by the professionals involved in evaluating my eligibility.

I understand that Metro may share appropriate information with coordinating non-profit or government agencies.

I understand that the Reduced Fare Card is non-transferable to others.

I understand that Metro reserves the right to determine eligibility based on local, state and federal guidelines.

I understand that the Reduced Fare Card is valid for up to five (5) years and that I must reapply prior to the expiration date if I wish to continue my eligibility with the reduced fare program.

I understand that the Reduced Fare Card must be verified by the farebox to be eligible for the reduced fare on Metro buses.

---

**Signature**

**Date**

***Important: Do not mail this application!***