

**City of Sun Prairie Application for Reduced Taxi Fares - 2008**

**APPLICANTS MUST BE RESIDENTS OF THE CITY OF SUN PRAIRIE**

\*Name of Applicant: \_\_\_\_\_ Name of Co-Applicant: \_\_\_\_\_  
 \*Address: \_\_\_\_\_, Sun Prairie, WI  
 \*Phone: Home - (\_\_\_\_) \_\_\_\_\_ Cell - (\_\_\_\_) \_\_\_\_\_  
 \*Number of persons in the household \_\_\_\_\_  
 (\*Information is required in order to process your application)

**HOUSEHOLD INCOME**  
**(NOTE: APPLICATION WILL NOT BE COMPLETE UNTIL DOCUMENTATION FOR ALL SOURCES OF INCOME IS PROVIDED.)**

Please indicate source(s) of income, the gross (before taxes) monthly amount and whether or not this amount varies from month to month. (If any amounts do vary, please give an average monthly income. If you do not have income from a particular source, leave blank.)

#1 Applicant Source of Income	Monthly Amount	Amount Varies	#2 Co-Applicant Source of Income	Monthly Amount	Amount Varies
<b><u>For any SSI, SSI-E, SSDI income, and SS-Retirement please provide a copy of the most recent award letter.</u></b> Supplemental Security Income (SSI)	\$	<input type="checkbox"/>	<b><u>For any SSI, SSI-E, SSDI income, and SS-Retirement please provide a copy of the most recent award letter.</u></b> Supplemental Security Income (SSI)	\$	<input type="checkbox"/>
Exceptional Needs Supplement (SSI-E)	\$	<input type="checkbox"/>	Exceptional Needs Supplement (SSI-E)	\$	<input type="checkbox"/>
Social Security Disability Income (SSDI)	\$	<input type="checkbox"/>	Social Security Disability Income (SSDI)	\$	<input type="checkbox"/>
Social Security Retirement	\$	<input type="checkbox"/>	Social Security Retirement	\$	<input type="checkbox"/>
All Other Income: pensions/annuities, veteran's benefits, child support interest, alimony, unemployment, worker's compensation	\$	<input type="checkbox"/>	All Other Income: pensions/annuities, veteran's benefits, child support interest, alimony, unemployment, worker's compensation	\$	<input type="checkbox"/>
All Employment Income. <b><u>Please list name, address and phone for where you work. Please provide a copy of your most recent paycheck stub.</u></b> _____ _____ _____	\$	<input type="checkbox"/>	All Employment Income. <b><u>Please list name, address and phone for where you work. Please provide a copy of your most recent paycheck stub.</u></b> _____ _____ _____	\$	<input type="checkbox"/>
<b>TOTAL MONTHLY INCOME</b>	\$		<b>TOTAL MONTHLY INCOME</b>	\$	
<b>TOTAL ANNUAL INCOME</b>	\$		<b>TOTAL ANNUAL INCOME</b>	\$	

**ASSET INFORMATION**

List all checking and savings (including IRA's, Keough Accounts, Certificates of Deposit, etc.) of the applicant and co-applicant

Assets	Applicant	Co-Applicant
Checking	\$	\$
Savings	\$	\$
CD/Annuity	\$	\$
Burial Trust	\$	\$
Other	\$	\$
<b>Total Assets:</b>	\$	\$

**Household Maximum Income Limits – 2007 Income Limit Guidelines (HUD-definition 50%)**

Household Size	1 person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income	\$25,800	\$29,500	\$33,150	\$36,850	\$39,800	\$42,750	\$45,700	\$48,650

**PLEASE NOTE: ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

**HUD Data Collection Information**

**The following information is used for data collection purposes only.** The Sun Prairie Discounted Taxi Fare Program does not discriminate or use the following information for purposes of determining program eligibility. Eligibility is based on income information.

Race (Please check one):

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Black/African American & White
- Asian & White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Ethnicity (Please check one):

- Hispanic
- Non-Hispanic

Household (Please circle one)

Female Headed Household: Y N

**Applying for the following category:**

\_\_\_\_\_ Senior/Disabled Adult

\_\_\_\_\_ Adult

\_\_\_\_\_ Youth 6-11 years—**NAME(S) AND AGE(S):** \_\_\_\_\_

\_\_\_\_\_ Youth 12-18 years—**NAME(S) AND AGE(S):** \_\_\_\_\_

**Authorization for Release of Information to the City of Sun Prairie**

I/We verify that the information given in this application is true to the best of my knowledge and belief. I consent to the release of such information in order to qualify for the Sun Prairie Discounted Taxi Fare Program. I understand that providing false information or providing false statements may be grounds for denial of my application. I agree to provide verification of all income and assets as required by this program. I further authorize disclosure of all information that will verify my income.

I/we authorize the release of information requested by City of Sun Prairie in order to verify our eligibility for assistance and/or any other services offered by the City of Sun Prairie.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:  
City of Sun Prairie, City Administration, 300 E Main St. Sun Prairie, WI 53590**

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

**Transportation Plan:**

Estimated Number of Monthly Trips:

_____ Jobs	_____ Medical Appointments	_____ East Towne
_____ School	_____ Errands	

Estimated program usage:

- \_\_\_\_\_ Category 1 - Adult (in town rides per month)
- \_\_\_\_\_ Category 2 - Senior/Disabled (in town rides per month)
- \_\_\_\_\_ Category 3 - Youth 6-11 years (in town rides per month)
- \_\_\_\_\_ Category 4 - Youth 12-18 years (in town rides per month)

NOTES:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer:

\_\_\_\_\_  
Date: