

Low Income Fare Trips (LIFT) Program Application

Full Name: _____ New Renewal

Female Male Other Birth Date: ____/____/____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

Reduced Fare: Yes No

If Yes: Medicare (Red/White/Blue Card) Age 65+ Reduced Fare ID

Annual Household Income: \$ _____ # of People in household: _____

*Ethnic Group: White/Caucasian Asian/Pacific Islander Black/African American
 American Indian/Alaskan Native Hispanic Origin
 Other _____

Passes are limited to persons 18 years of age and older who meet the income requirements (must be below 150% of HHS Poverty Guidelines). Passes are limited to 4 per person per month, **NOT to be used on consecutive days**, and are available on a first come, first served basis.

Certification: I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance is contingent upon availability of passes.

Eligibility will be determined within 3 business days. Participants will be notified of status via phone or email.

Applicant _____

Date _____

*Answer is not required; however, highly encouraged. Information is maintained confidential and may be needed in the future when funding is requested to continue this program.

2024 Poverty Guidelines

FOR OFFICE USE ONLY

Passes: _____

Smartcard # _____

Municipality:
Allouez Ashwaubenon Bellevue
Green Bay De Pere

Ambulatory Non-Ambulatory

Household/ Family Size	150%
1	\$22,590
2	\$30,660
3	\$38,730
4	\$46,800
5	\$54,870
6	\$62,940
7	\$71,010
8	\$79,080