



# City of Tucson Transit Reduced Fare Program

## LOW-INCOME

**Eligibility Criteria:** applicant(s) must meet the U.S. Department of Labor's Lower Living Standard Income Level. Qualification is based on household income, and complies with the standards listed in Tucson City Code. Application approval enables passengers to pay the reduced fare on Sun Tran and Sun Shuttle routes.

### How to Apply Checklist:

- Please provide one of the following valid photo IDs for all individuals over the age of 15 who are applying for a low-income ID:
  - Driver's license
  - State ID card
  - Passport
  - Government-issued ID
  - School ID
  - Tribal ID
- Please provide current evidence of total household income, including the total number of individuals in household and documentation of all sources of income from each individual listed on the application. Documentation includes but is not limited to:
  - Award letter and/or printed statement showing valid dates of benefits from the Arizona Department of Economic Security for Food Stamp benefits
  - Award letter and/or printed statement showing valid dates of benefits from the Arizona Department of Economic Security for Unemployment benefits
  - W-2 form
  - Paycheck stub(s) - dated within the last 30 days
  - Social Security award letter
  - Supplemental Security income
  - State Supplemental payment
  - Veteran's Affairs benefits
  - Worker's Compensation
  - Federal tax return

### Terms & Conditions:

1. SunGO ID & Cards for qualified low-income passengers are valid for one year from date of issue.
2. The SunGO ID & Card can be used only by the person to whom it is issued. Each person in the low-income household over the age of five must apply for his/her own individual SunGO ID & Card.
3. The Special Services Office reserves the right to verify the information provided on the application form.
4. Applications will remain confidential.

***Special Services Office, 35 W. Alameda, Tucson, Arizona 85701. For questions, please call (520) 791-4100.***

# Low-Income Application

## 1. Personal Information

Please print or type

Mr.  Mrs.  Ms. \_\_\_\_\_  
Last Name First Name Middle Initial

Place of residence

Personal residence

Shelter: \_\_\_\_\_

Halfway house: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

## 2. Valid Photo ID

One valid photo ID is required for all individuals over the age of 15 who are applying for a Low-Income ID card. Check which form of ID you are providing. If there are more than four applicants, please complete Addendum A.

Primary applicant:

Driver's license  State ID card  Passport  Government-issued ID  School ID  Tribal ID

Additional applicants:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Driver's license

Driver's license

Driver's license

State ID card

State ID card

State ID card

Passport

Passport

Passport

Government-issued ID

Government-issued ID

Government-issued ID

Tribal ID

Tribal ID

Tribal ID

School ID

School ID

School ID

Under age 15 (no ID required)\*

Under age 15 (no ID required)\*

Under age 15 (no ID required)\*

\* Applicant must prove they support this child, with child's name printed on a Federal Tax Return, Food Stamp Agreement or other government document.

## 3. Household Information

Print the name of everyone that lives with you. Explain his/her relationship to you (for example son or roommate) and provide date of birth. To list additional individuals in the household, please complete Addendum B.

Name	Relationship	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

# Low-Income Application

## 4. Employment Information

Do you, or anyone you are applying for, receive or expect to receive money from work?  Yes  No  
This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, self-employment, or training.

**Complete Worksheet 1 for all employment income.**

## 5. Other Income Information

Do you or anyone you are applying for receive or expect to receive money from any of the following?  
 No  Yes (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child Support                                      | <input type="checkbox"/> Social Security/SSI                         | <input type="checkbox"/> Scholarships, grants/loans |
| <input type="checkbox"/> Disability   | <input type="checkbox"/> Retirement/Pension                          | <input type="checkbox"/> Any government check       |
| <input type="checkbox"/> Tribal money                                       | <input type="checkbox"/> Unemployment                                | <input type="checkbox"/> Worker's Comp/Industrial   |
| <input type="checkbox"/> Gifts/Loans  | <input type="checkbox"/> Bank/checking/savings/credit union accounts | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Stocks/bonds/money market accounts/CDs/trust funds |  |   |

Do you, or anyone you are applying for receive money from any other source not listed above?  No  Yes  
(please list) \_\_\_\_\_

**Complete Worksheet 2 if you marked any of the above.**

Total Monthly Household Income for applicant and everyone you are applying for. Add the total from Worksheet 1 and the total from Worksheet 2 to obtain the Total Monthly Household Income.

Total from Worksheet 1:	\$ _____
Total from Worksheet 2:	\$ _____
Total Monthly Household Income:	\$ _____

## 6. Statement of Truth

I agree that the statements made about persons in my home, income, assets, property and all other information that relates to my eligibility for benefits is true and correct to the best of my knowledge, and that I have not withheld any information. Permission is hereby granted to Authorized Agent to contact any sources necessary to establish the accuracy of information given by me or other information that pertains to the verification of my eligibility to receive reduced fares based on my income. I understand that my application will be denied if the information provided is found to be untrue. The signature below certifies that all information relative to eligibility is correct. In accordance with the Tucson City Code (Sec. 2-22.1) any person providing false information or refusal to provide information is punishable by a \$500 fine and may be deemed ineligible for the low-income fare for up to five (5) years.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(2 of 2)

# Worksheets

## Worksheet 1 - Employment Income Information

A	B	C	D	E	F	G
Person working	Employer	Employer's phone number	Hourly pay	Hours per week	Weekly income (Multiply Column D by Column E)	Monthly income (Multiply Column F by 4)

Total Monthly Employment Income:  
(Total all amounts in Column G)

## Worksheet 2 - Other Income Information

A	B	C	D	E
Person receiving money	Source	Amount received	How often received	Amount received monthly

Total Monthly Other Income:  
(Total all amounts in Column E)

# Addendum A – Additional Applicants

**Name of primary applicant:** \_\_\_\_\_

**Additional applicants:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Driver's license              | <input type="checkbox"/> Driver's license              | <input type="checkbox"/> Driver's license              |
| <input type="checkbox"/> State ID card                 | <input type="checkbox"/> State ID card                 | <input type="checkbox"/> State ID card                 |
| <input type="checkbox"/> Passport                      | <input type="checkbox"/> Passport                      | <input type="checkbox"/> Passport                      |
| <input type="checkbox"/> Government-issued ID          | <input type="checkbox"/> Government-issued ID          | <input type="checkbox"/> Government-issued ID          |
| <input type="checkbox"/> School ID                     | <input type="checkbox"/> School ID                     | <input type="checkbox"/> School ID                     |
| <input type="checkbox"/> Tribal ID                     | <input type="checkbox"/> Tribal ID                     | <input type="checkbox"/> Tribal ID                     |
| <input type="checkbox"/> under age 15 (no ID required) | <input type="checkbox"/> under age 15 (no ID required) | <input type="checkbox"/> under age 15 (no ID required) |

**Additional applicants:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Driver's license              | <input type="checkbox"/> Driver's license              | <input type="checkbox"/> Driver's license              |
| <input type="checkbox"/> State ID card                 | <input type="checkbox"/> State ID card                 | <input type="checkbox"/> State ID card                 |
| <input type="checkbox"/> Passport                      | <input type="checkbox"/> Passport                      | <input type="checkbox"/> Passport                      |
| <input type="checkbox"/> Government-issued ID          | <input type="checkbox"/> Government-issued ID          | <input type="checkbox"/> Government-issued ID          |
| <input type="checkbox"/> School ID                     | <input type="checkbox"/> School ID                     | <input type="checkbox"/> School ID                     |
| <input type="checkbox"/> Tribal ID                     | <input type="checkbox"/> Tribal ID                     | <input type="checkbox"/> Tribal ID                     |
| <input type="checkbox"/> under age 15 (no ID required) | <input type="checkbox"/> under age 15 (no ID required) | <input type="checkbox"/> under age 15 (no ID required) |

**Additional applicants:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Driver's license              | <input type="checkbox"/> Driver's license              | <input type="checkbox"/> Driver's license              |
| <input type="checkbox"/> State ID card                 | <input type="checkbox"/> State ID card                 | <input type="checkbox"/> State ID card                 |
| <input type="checkbox"/> Passport                      | <input type="checkbox"/> Passport                      | <input type="checkbox"/> Passport                      |
| <input type="checkbox"/> Government-issued ID          | <input type="checkbox"/> Government-issued ID          | <input type="checkbox"/> Government-issued ID          |
| <input type="checkbox"/> School ID                     | <input type="checkbox"/> School ID                     | <input type="checkbox"/> School ID                     |
| <input type="checkbox"/> Tribal ID                     | <input type="checkbox"/> Tribal ID                     | <input type="checkbox"/> Tribal ID                     |
| <input type="checkbox"/> under age 15 (no ID required) | <input type="checkbox"/> under age 15 (no ID required) | <input type="checkbox"/> under age 15 (no ID required) |

# Addendum B – Household Information

Name	Relationship	Date of Birth
		/ ___ / ___
		/ ___ / ___
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