



City of Surprise RideChoice Program For Veterans and Income Qualified Riders



APPLICANT INFORMATION		
Full name:		
Date of Birth:	Current Age:	
Home Address		
City	State	Zip Code
Mailing Address: (If different from above):		
Home phone #	Work phone #	Cell phone #
Email address:		
Work Status:	Employer:	

ELIGIBILITY INFORMATION		
<i>Please circle Yes or No for the following</i>		
Are you over age 65?	Yes No	If you answered yes, you automatically qualify for Valley Metro's RideChoice. Please be sure to complete the RideChoice application.
Are you a person with a disability?	Yes No	If you answered yes, please provide your ADA number: <i>If you are disabled but do not have an ADA number, Valley Metro will help you with certification.</i>
Are you a Veteran of the United States Armed Forces?	Yes No	If you answered yes, please provide a copy of supporting documentation. See the list below for acceptable documents.
Is your personal annual gross income below \$44,250 per year?	Yes No	Please provide ALL income documentation for the past month; Pay stubs, benefits statements, and/or bank statements.
Do you currently receive SNAP, WIC or TANF benefits?	Yes No	If you answered yes, you MAY automatically qualify for the transportation program via Third Party Verification. Please provide a copy of your SNAP, WIC or TANF award letter.
Do you currently receive any other public benefits?	Yes No	If you answered yes, please provide further details about the benefits you receive:

Acceptable documentation for verification of Veteran status:

- DD Form 214
- NGB Form 22
- Veteran's Identification Card (VIC)
- Next Generation Uniformed Services Identification Card (USID)
- Veteran Health ID Card (VHIC)



City of Surprise RideChoice Program For Veterans and Income Qualified Riders



INCOME INFORMATION	
	GROSS PERSONAL INCOME (before taxes)
Wages, salary, tips, etc.	\$
Social Security (SSA/SSI/SDI)	\$
Retirement/pension/annuity	\$
Unemployment (UIB) income (provide most recent award letter)	\$
Veteran's Administration	\$
DES Cash Assistance	\$
Other:	\$
TOTAL gross monthly income	\$

Use of this program will be for medical or employment reasons? (please check one) YES NO

PLEASE EXPLAIN INTENDED PURPOSE FOR TRANSPORTATION:

Rides will originate within the City of Surprise? (please check one) YES NO

If YOU ANSWERED "NO", PLEASE EXPLAIN:

Applicant signature _____ **Date** _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Copy of Driver's License or State Issued I.D. card
- Copy of current paystubs and/or other income for the past month, showing Year to Date
- Copy of other income documentation, if applicable
- Copy of recent utility bill or other official mail with applicant's name and Surprise address – *required to establish residency*

Disclaimer

The undersigned hereby acknowledges that any discussion, or sharing of data or other information with any City employee regarding Surprise Transportation Income Qualified General Public service is for evaluation only, and is not to be construed as a binding commitment being offered by the City of Surprise to provide any type of transportation or other service to the undersigned or any other person(s).

Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than two years, or both, under provisions of the United States Criminal Code.



Mobility Center
 4600 E. Washington St., Suite 101
 Phoenix, AZ 85034
 valleymetro.org
 602.253.5000

Valley Metro RideChoice Application

Discounted Transportation for Seniors and People with Disabilities

Personal Contact Information:

Mr. Mrs. Ms. Miss

First Name: _____ M.I.: _____ Last Name: _____

Address (no PO Boxes): _____ Unit/Apt. #: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Proof of Eligibility:

Address Verification: Enclose copy of: Driver's License, State ID or, Utility Bill or, Rental Agreement

AND

For Residents of Unincorporated Maricopa County, Avondale, Gilbert, Mesa, Scottsdale or Tolleson:

ADA Certification #: _____

For Residents of Chandler, Surprise, Tempe or Fountain Hills:

- If 65 years or older: Enclose proof of Date of Birth (Copy of: Driver's License, Birth Certificate, Passport)
- If 64 years or younger: ADA Certification #: _____

Last Steps:

I state to the best of my knowledge that the above information is true and accurate.

Applicant's Signature: _____ Date: _____

Signature of anyone who assisted you or filled out the application for you:

Signature: _____ Date: _____

Relationship to Applicant: _____

Make sure all documents are included, then please sign and mail or deliver to:

Valley Metro RideChoice, 4600 E. Washington St., Suite 101, Phoenix, AZ 85034

When your eligibility has been determined, you will receive a brochure with instructions on how to use the service in your welcome packet. Please allow 14 business days for the receipt of your welcome package.