



**TRANSPORTATION PROGRAM
APPLICATION**

Applicant:

First Name _____ Last Name _____ M.I. _____

Social Security No. _____ - _____ - _____ Date of Birth _____ / _____ / _____ Race/Ethnicity _____

Home Phone (____) _____ Work Phone (____) _____ Sex _____

Check One: Single _____ Married _____ Divorced _____ Widowed _____

Address of Applicant: (All applicants must reside within the Baytown city limits to be eligible)

_____ Baytown, TX _____
Number Street Apartment Zip Code

Mailing Address: (If different from above)

_____ _____ _____ _____ _____ _____
Number Street Apartment City State Zip

Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you:

_____ _____ (____) _____ (____) _____
Name Relation Home Phone Work Phone

Income Information:

Full disclosure of all income and assets must be made. Failure to disclose any income or assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted. **Income includes all money flowing into the household, regardless of age of recipient.** Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, and interest income from bank accounts or investments must be disclosed. List yourself first.

Household Member	Source of Income	Monthly Amount Receive
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Monthly Income _____

Total Yearly Income _____

I understand that assistance is contingent upon availability of funds.

The above-named applicant has examined the eligibility requirements of the City of Baytown Senior/Disabled Citizen Taxicab Program and has submitted this application for participation in such program after certifying that all of the information so submitted is true and correct. It is expressly understood and agreed that should it be determined at any time by the City of Baytown, its officers, agents and/or employees that this application contains incorrect or incomplete information, the above-named individual shall be disqualified from participation in the Program and shall be required to repay the City of Baytown all expenses incurred as a result of such individual's participation.

Furthermore, by submitting this application, the applicant hereby agrees to abide by all of the terms and conditions contained in the City of Baytown Senior/Disable Citizen Taxicab Program Guidelines and all amendments thereto. Failure to do so may, at the sole discretion of the City of Baytown, disqualify the applicant from further participation in the Program.

Certification:

The section below is to be signed by the applicant. A witness is needed for any signature made by mark.

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 granted to my household based on fraudulent information must be reimbursed in whole to the City of Baytown.

Applicant	Date	Witness (if signed by mark)
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The Community Development Office is wheelchair-accessible. Handicap parking spaces are available.
