



Transit Windsor Affordable Pass Program (APP) Application



To qualify for the Affordable Pass Program (APP) you will need to provide proof of your income. Acceptable proof can be **ONE OF:** 1) your most recent Notice of Assessment from Canada Revenue Agency (line 236), or 2) your most current Canada Child Tax Benefit Notice, or 3) your Ontario Child Benefit Notice, or 4) verification of current Ontario Works benefits, or 5) verification of Ontario Disability Support Program Benefits

Section "A" – Application (Please Print. Shaded fields are required.)

If this is an application for renewal please place a checkmark here

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name	First Name	Middle Name
Address	Apt. # Street	City	Postal Code
Alternate Address	Apt. # Street	City	Postal Code
Date of Birth	Day Month Year	Telephone Number	Email Address
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated		Do you already own a Bus Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate which: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University School Name:			

Section "B" – Spouse/Partner (Please Print)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name	First Name	Middle Name
Date of Birth	Day Month Year	Telephone Number	Email Address
Are you a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate which: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University School Name:			Do you already own a Bus Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section "C" – Dependents Under 18 Living in the Home of Applicant (Please Print)

Last Name	First Name	If you are a Student please indicate which:	School Name:
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
	Date of Birth: Day Month Year		
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
	Date of Birth: Day Month Year		
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
	Date of Birth: Day Month Year		
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
	Date of Birth: Day Month Year		
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
	Date of Birth: Day Month Year		
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University	
	Date of Birth: Day Month Year		

Section "D" – Income

To be eligible for the Transit Windsor Affordable Pass Program (APP), your after tax income must be below the amount shown in the Statistics Canada Low-Income Cut-Off Table below.

Family Size	Income (After Tax)	Please circle your family size and income. Include your most recent Proof of Income for yourself and your spouse/partner. Applicants must provide <u>BOTH the original and a photocopy of their proof of eligibility with the application form.</u> Transit Windsor will be unable to offer photocopying services to applicants. Original documents will <u>not</u> be returned by Transit Windsor, however, applicants can pick them up at the Windsor International Transit Terminal after processing is complete. Applicant's Social Insurance Number: _____ Spouse/Partner Social Insurance Number: _____
1 Person	19,094	
2 Persons	23,769	
3 Persons	29,222	
4 Persons	35,480	
5 Persons	40,239	
6 Persons	45,385	
7 or More Persons	50,529	

Section "E" – Program Evaluation

How did you hear about the Affordable Bus Pass Program? (Please check all that apply)

- Bus Ad
 Ontario Works Office
 Poster
 Radio/TV/Newspaper
 Bus Schedule Ad
 Word of Mouth
 Website (Which One?) _____
 Other (Please Specify) _____

What will be the main use of this bus pass?

- Work
 School
 Medical
 Leisure
 Other _____

The Affordable Pass Program is a pilot project for Transit Windsor. The future of this program will rely on feedback from riders as a result of program evaluation. From time to time Transit Windsor may contact you for this purpose. Participation is optional and will not affect eligibility for the program.

Do you wish to be contacted for the purpose of program evaluation? Yes No

If yes, how may we contact you? Phone Mail E-mail

Section "F" – Application Signatures

All of the statements in this application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted. The Criminal Code of Canada subsection 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence.

The personal information collected on this form is being collected under the authority of the Sandwich, Windsor and Amherstburg Railway ACT (SW&A). This information will only be used for the purpose of processing and evaluating the reduced income bus pass program. Questions about this collection may be directed to Transit Windsor, Attention Sales and Marketing Supervisor, 300 Chatham Street West or phone 519-255-6100, Ext. 6637.

	Day	Month	Year
Signature of Applicant	Date		

	Day	Month	Year
Signature of Spouse/Partner	Date		

In signing this application you are consenting to your information being provided to Transit Windsor for the purpose of program administration.

Office Use Only: Photo Identification Checked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved – Registration # _____ <input type="checkbox"/> Denied – Reason _____	Proof of Income Received <input type="checkbox"/> Notice of Assessment <input type="checkbox"/> Canada Child Tax Benefit Notice <input type="checkbox"/> Ontario Child Tax Benefit Notice <input type="checkbox"/> Proof of Current OW Benefits <input type="checkbox"/> Proof of ODSP Benefits
Signature:	Day Month Year DATE: