

Alameda Free AC Transit Bus Pass Program for **Alameda Seniors and Persons with Disabilities**



Eligibility Application Form

The City of Alameda provides free, unlimited ride AC Transit bus passes to Alameda residents who are Mastick Senior Center members, age 65+, or are between ages 18-64 and have a certified disabling health condition, are currently active or planning to be an active bus rider, meet the income eligibility criteria listed below, and provide proof of residency in the City of Alameda. Any state issued ID or a utility bill with your name and current address is acceptable form for proof of residency. Applicants will be considered on a first-come, first-served basis, as funding allows. Return completed application to: Mastick Senior Center, 1155 Santa Clara Avenue, Alameda, CA 94501, Attn: Paratransit Coordinator. If you have questions, please call the 510.747.7513 or email CityParatransit@alamedaca.gov. This program is funded by Measures BB.

Confidential Information:		
Applicant's First Name: Last Name:		
Address:Apt:		
City: ZipCode: Phone:	☐ Home	
Email:	☐ Male	
Income Eligibility Criteria: (please CIRCLE one Household Size/Income Limit criteria)		
For example, a one-person family with an annual income of \$74,200 or less, or a four-person familincome not exceeding \$106,000 would be considered eligible. (Please circle one)	y with a tota	
Household Size: 1 2 3 4		
Income Limit: \$78,550 \$89,750 \$100,950 \$112,150)	
\square I attest that the annual family income reported above represents all sources of income from government assistance and other sources, and that all the information on this form is true and contains the sources of income from the sources of income from government assistance and other sources, and that all the information on this form is true and contains the sources of income from government assistance and other sources, and that all the information on this form is true and contains the sources of income from government assistance and other sources, and that all the information on this form is true and contains the sources of income from government assistance and other sources.		
Age Range: \Box 18 – 39 \Box 40 – 64 \Box 65 – 69 \Box 70 – 79 \Box 80 – 89 \Box 9	00 and over	
☐ Certified by Another Transit Agency ☐ Medicare Recipient ☐ Medically diagnosed by Signature Date	•	
OPTIONAL INFORMATION helpful to maintain our funding: Check the appropriate ans	wers:	
Housing Accommodations? ☐ Own ☐ Rent ☐ Live with family ☐ Transitional	Housing	
Where do you live in Alameda? ☐ West ☐ Central ☐ East ☐ Bay Farm I	sland	
What is your race or ethnicity do you identify with? (Please check all that apply)		
☐ African American, Black ☐ Hispanic, Latino/a/x ☐ Caucasian,	White	
☐ Asian, Asian American ☐ Pacific Islander, Native Hawaiian ☐ Middle Eas	☐ Middle Eastern	
☐ American Indian, First Nation, Alaska Native, Indigenous ☐ Multi-ethnic/Multi-i	acial	
☐ Prefer not to answer ☐ Prefer to self-describe:		
Preferred Language:		