

## *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. Acceptable form for proof of residency is:

1. Any state issued photo ID with current address OR
2. a photo ID with past address and a utility bill with your name and current address.

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](mailto:CityParatransit@alamedaca.gov). This program is funded by Measures BB.

### **Confidential Information:**

Applicant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZipCode: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home

Email: \_\_\_\_\_  Female  Male

### **Income Eligibility Criteria: (please CIRCLE one Household Size/Income Limit criteria)**

For example, a one-person family with an annual income of \$78,550 or less, or a four-person family with a total income not exceeding \$112,150 would be considered eligible. (Please circle one)

<b>Household Size:</b>	1	2	3	4
<b>Income Limit:</b>	\$84,600	\$96,650	\$108,750	\$120,800

By checking this box I attest that the annual family income reported above represents all sources of income from employment, government assistance and other sources, and all of the information on this form is true.

**Age Range:**  18 – 39     40 – 64     65 – 69     70 – 79     80 – 89     90 and over

**Do you have a disability?** If yes, please select a type of certification:

- RTC ID Card     DMV Disabled Placard     Disabled Veteran     East Bay Paratransit  
 Certified by Another Transit Agency     Medicare Recipient     Medically diagnosed by Physician

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **OPTIONAL INFORMATION helpful to maintain our funding: Check the appropriate answers:**

<b>Housing Accommodations?</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with family <input type="checkbox"/> Transitional Housing
<b>Where do you live in Alameda?</b> <input type="checkbox"/> West <input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> Bay Farm Island
<b>What is your race or ethnicity do you identify with? (Please check all that apply)</b> <input type="checkbox"/> African American, Black <input type="checkbox"/> Hispanic, Latino/a/x <input type="checkbox"/> Caucasian, White <input type="checkbox"/> Asian, Asian American <input type="checkbox"/> Pacific Islander, Native Hawaiian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> American Indian, First Nation, Alaska Native, Indigenous <input type="checkbox"/> Multi-ethnic/Multi-racial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: _____
<b>Preferred Language:</b> _____