



OFFICE USE ONLY

Date:	
Reviewer Name:	
Service Type:	
Account #:	
Route Match:	

Version 4: Modified 7.10.18

**LOW INCOME TRANSIT SUBSIDY PILOT PROGRAM APPLICATION**

The Low Income Transit Subsidy Pilot Program (LITSP) is a pilot program that helps provide low-income families and individuals with mobility solutions within Collin County. This pilot program will run from April 2, 2018 up to March 31, 2019 (based on availability of funds) and will allow for up to 100 participants. In order to qualify for the LITSP, you must be a resident of McKinney, Lowry Crossing, Princeton, Melissa, or Celina; and have an annual household income (before taxes) that is at or below the following amounts:

Family Size	Monthly Income	Annual Income
1	\$1,659	\$19,908
2	\$2,233	\$26,796
3	\$2,808	\$33,696
4	\$3,383	\$40,596
5	\$3,958	\$47,496
6	\$4,533	\$54,396
7	\$5,108	\$61,296

\*For each additional person, add \$575

**Required Eligibility Documentation**

Eligibility Criteria	Certifying Document Provided (Specify)
Proof of Residency <i>Examples: Recent utility bill, rental agreement or letter of residency, along with a picture ID</i>	
<b>Documentation that show you meet the income guidelines listed above:</b>	
<input type="checkbox"/> Income Tax Form 1040	<input type="checkbox"/> Income Tax Form W-2
<input type="checkbox"/> Paystubs for the past 30 days	
<input type="checkbox"/> Letter from employer signed and dated with gross income for the past 30 days	
<input type="checkbox"/> Past 3 bank statements	<input type="checkbox"/> Verification of another governmental benefits program (i.e. SNAP, TANF, or WAP)

The following three questions are for informational purposes only and will not affect eligibility for services.

Ethnicity:

- Black or African American
  Asian
  White
  Hispanic or Latino
  American Indian or Alaska Native  
 Native Hawaiian or Pacific Islander
  Other \_\_\_\_\_

How do you plan to use this service? (check all that apply)

- Shopping
  Medical
  Social
  Connect to DART
  Work
  Other \_\_\_\_\_



How do you travel now to shop for groceries, travel to medical appointments, visit friends, etc.?

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I understand that the information I provide will be used to determine my eligibility for Collin County Transit services to be provided by DCTA on behalf of my city. For assistance with this form or to determine eligibility, please call 940.243.0077.

**CONTACT INFORMATION**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender:  Male  Female

**Emergency Contact**

First \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

My signature confirms that the information on this application is true and accurate to the best of my knowledge. I authorize a representative of Denton County Transportation Authority to contact the persons and authorities listed in this application to verify the information in determining my eligibility.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications for Collin County Transit service, along with a signed copy of the terms and conditions and copies of all required documentation, can be submitted via the following means:

- EMAIL: Send to [collincountytransit@dcta.net](mailto:collincountytransit@dcta.net)
- FAX: Send via 940.387.1461
- PHONE: Call DCTA Customer Service at 940.243.0077
- MAIL: Submit to DDTC, Attn: Collin County Transit, 604 East Hickory, Denton TX 76205



## LOW-INCOME TRANSIT SUBSIDY PILOT PROGRAM TERMS AND CONDITIONS

Below are the terms and conditions for participation in the Low Income Transit Subsidy Pilot Program. Please review each line and initial next to it to acknowledge you understand and agree to abide by them. Failure to adhere to these terms and conditions may result in suspension or termination of your participation in the program.

### Service Parameters

- Service is provided Monday through Friday from 6 a.m. to 6 p.m. and Saturday from 8 a.m. to 6 p.m.
- Trips are provided within Collin County
- Irving Holdings will make their best attempt to schedule service for customers who call with less than the suggested notice
- Trip requests may be denied due to capacity constraints or eligibility
- The McKinney Urban Transit District (MUTD), City of McKinney, and DCTA reserve the right to modify the service at any time

### Cancellations/No-Shows

- Cancellations must be made at least two (2) hours in advance of the scheduled pick-up time
- Cancellations made with less than two (2) hours' notice will be considered a No-Show
- A customer is given a No-Show when the vehicle arrives within the 20-minute ready time-window and the customer fails to board the vehicle within five (5) minutes of the vehicle's arrival
- Excessive No-Shows may result in suspension or termination of program participation

### Debit Card Usage

- Only the individual qualified for the service may utilize the debit card as payment for taxi rides. Use of debit cards by unauthorized persons is grounds for termination from the program.
- Once the debit card is loaded with funds, those funds are non-refundable and non-transferrable

### Fare/Payment

- Taxi debit cards may not be used for tipping
- If the total fare is more than what is available on the debit card, it is the customer's responsibility to pay the difference (cash or credit card)
- Personal Care Attendants (PCA) and guests may accompany a customer, but they must pay the added boarding fare (cash or credit card). The customer cannot use their debit card to pay for accompanying PCAs or guests.

### Pilot Program Guidelines

- This is a pilot program scheduled to run from April 2, 2018 up to March 31, 2019
- There are only 100 available spots in this program, individuals who apply for service after the initial slots are taken will be placed on a waiting list
- Program usage will be reviewed bi-monthly and inactive participants will be removed and replaced with individuals on the waiting list
- In order to continue as a participating member of the program, you must utilize the service at least once per month

I HAVE READ AND AGREE TO THESE TERMS AND CONDITIONS.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_