

STARMETRO'S ARMED SERVICES VETERAN BUS PASS APPLICATION

This program enables Low Income Veterans who lack adequate transportation to ride StarMetro's fixed route system fare free. Qualified veterans would be issued a smart card with their name on it. In addition to using the smart card, Veterans would need to present their VA Health Care ID each time they ride.

To qualify for this bus pass program, the veteran must be a permanent resident of the city of Tallahassee or Leon County within StarMetro's fixed route coverage area and must meet the following criteria and submit a copy of the following documents:

Checklist:

	Completed Application –
	Copy of VA Health Care ID card
	DD214 or letter from VA agency certifying veteran status
	Recent paystub if employed or supportive documentation if unemployed
	Income falls below 150% poverty guidelines (See Table 1 below)
	If transient, applicant must be attending a self-sufficiency program List program:

Table 1	
FAMILY SIZE	150 PERCENT OF POVERTY GUIDELINE
1	17,505.00
2	23,595.00
3	29,685.00
4	35,775.00
5	41,865.00
6	47,955.00
7	54,045.00
8	60,135.00

Deliver/Fax completed application and supporting documentation to:

Veterans Services
918 Railroad Avenue
Tallahassee, FL 32310

FAX: 850-606-1901

*A \$25.00 replacement fee will be assessed for lost or damaged cards.

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(Please print clearly and provide copies of all applicable documents)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I certify to the best of my knowledge that the information on this application is true and correct.

I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that I must provide this completed and signed application and the required documentation to be considered for this program.

I understand that the Veteran Bus Pass Card is not transferable to others.

I understand that the Veteran Bus Pass Card is valid for one year from the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the program.

I certify that I qualify for the Veteran Bus Pass Program and that I have no other means of transportation.

Signature: _____ Date of Application: _____

To be completed by the Agency:

Agency Name: _____

Printed name and title _____

Signature: _____ Date: _____