

LOW-INCOME PROGRAM

Must be a resident of one of the McKinney Urban Transit District (MUTD) service-area cities and qualify based on the U.S. Federal Poverty Guidelines for annual income **(Please print clearly)**

First name		Middle initial	Last name	
Primary phone number			Secondary phone number	
Email address				
Address				Apt #
City		State	ZIP Code	
Date of birth (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Preferred method of communication <input type="checkbox"/> Mail <input type="checkbox"/> Email		
Emergency contact				
First name			Phone number	
Last name			Relationship	

Attach your proof of residency:
 To be eligible for this program, you must be a resident of **one** of the following: McKinney, Lowry Crossing, Princeton, Melissa, Celina or Prosper. **Proof of residency is required to register.** Potential documents include:

- State-issued photo ID
- Recent utility bill (water, electric, telephone, etc.) with address
- Rental agreement or letter of residency, along with a picture ID

Attach your qualifying document:
 To be eligible as an Individual with Low Household Income, you must attach **one** of the following documents:

- Recent income tax forms 1040 or W-2
- Paystubs for the past 30 days
- Letter from employer signed and dated with gross income for the past 30 days
- Most recent three bank statements
- Verification of a governmental benefits program (e.g., SNAP, TANF, WAP)

You must have an annual family income (before taxes) that is **at or below** the following:

Family Size	Annual Income	Family Size	Annual Income
1	\$13,590	5	\$32,470
2	\$18,310	6	\$37,190
3	\$23,030	7	\$41,910
4	\$27,750	8*	\$46,630

* For families/households with more than 8 persons, add \$4,720 for each additional person.

I understand that the information provided will be used to determine my eligibility for the Collin County Transit services to be provided by DART LGC on behalf of my city.
 (For assistance with this form or to determine eligibility, call 214-749-2844 or email CollinCountyTransit@DART.org.)

I confirm that the information on this application is true and accurate to the best of my knowledge. I authorize a representative of DART LGC to contact the persons

and authorities listed in this application to verify the information in determining my eligibility. I agree to receive communication from DART LGC by phone call or email about Collin County Transit service eligibility.
 (We respect your privacy. View DART's Privacy Policy at DART.org/about/privacypolicy.asp.)

I accept the Terms and Conditions and verify that I am over 18.

Signature: _____ Today's date: _____

PLEASE FILL OUT ADDITIONAL INFORMATION ON THE REVERSE SIDE →
 The additional information section will not affect eligibility for services.

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ADDITIONAL INFORMATION

The remaining questions are for **informational purposes only** and do not affect eligibility for services.

<p>Ethnicity:</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Hispanic or Latino</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> Other (please specify):</p> <p>_____</p> <p>_____</p>	<p>How do you plan to use this service? (Check all that apply)</p> <p><input type="radio"/> Shopping</p> <p><input type="radio"/> Medical</p> <p><input type="radio"/> Social</p> <p><input type="radio"/> Connect to DART</p> <p><input type="radio"/> Work</p> <p><input type="radio"/> Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Do you use a mobility aid?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Sometimes</p> <p>If yes/sometimes, please specify which type of mobility aid is used:</p> <p><input type="radio"/> Walker</p> <p><input type="radio"/> Wheelchair</p> <p><input type="radio"/> Scooter</p> <p><input type="radio"/> Other (please specify):</p> <p>_____</p>
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How do you travel now?



FOR MORE INFORMATION, PLEASE CALL COLLIN COUNTY TRANSIT CUSTOMER CARE AT 214-749-2844.

Mail this form with the documentation to:

MUTD - Low-Income Registration
 Attn: Service Planning
 Collin County Transit
 PO Box 660163
 Dallas, TX 75266-7248