COLLIN COUNTY Transit

A service provided by DART Mobility Service

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 ☐ Female ☐ Male	Preferred method of communication ☐ Mail ☐ 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	**$23,475**	5	**$56,475**
2	**$31,725**	6	**$64,725**
3	**$39,975**	7	**$72,975**
4	**$48,225**	8*	**$81,225**

* For families/households with more than 8 persons, add $8,250 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.

Ethnicity:

- ○ Black or African American
- ○ Asian
- ○ White
- ○ Hispanic or Latino
- ○ American Indian or Alaska Native
- ○ Native Hawaiian or Pacific Islander
- ○ Other (please specify):

_____

_____

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

- ○ Shopping
- ○ Medical
- ○ Social
- ○ Connect to DART
- ○ Work
- ○ Other (please specify):

_____

_____

_____

Do you use a mobility aid?

- ○ No
- ○ Yes
- ○ Sometimes

If yes/sometimes, please specify which type of mobility aid is used:

- ○ Walker
- ○ Wheelchair
- ○ Scooter
- ○ Other (please specify):

_____

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

376-6104-1025