



Hamilton

Affordable Transit Pass Application Form

For assistance completing this form, please call the Special Supports Program, City of Hamilton, at 905-546-2590

Section 1: Applicant (please print)

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Last Name			First Name	Middle Name
Date of Birth	Day	Month	Year	Social Insurance Number	Phone Number
Address	Street			City	Postal Code
Marital Status	<input type="checkbox"/> Married/Common Law <input type="checkbox"/> Single <input type="checkbox"/> Separated				
Employer	Name			Address	
If you are receiving Ontario Works or Ontario Disability Support Program benefits please check which one and proceed to Section 5: Application Signatures of this form.				<input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Program	

Section 2: Spouse/Partner (please print)

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Last Name			First Name	Middle Name
Date of Birth	Day	Month	Year	Social Insurance Number	
Employer	Name			Address	

Section 3: Dependents under 18 living in the home (please print)

Last Name	First Name	Birth Dates (dd/mm/yyyy)

Section 4: Income (please print)

<p>Circle your family size. Family size includes you, spouse or partner and dependents under 18 living in your home.</p> <p>2006 Statistics Canada Low-Income Cut-Off</p> <table border="1"> <thead> <tr> <th>Family Size</th> <th>Income (after tax)</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$17,570</td></tr> <tr><td>2</td><td>\$21,384</td></tr> <tr><td>3</td><td>\$26,628</td></tr> <tr><td>4</td><td>\$33,221</td></tr> <tr><td>5</td><td>\$37,828</td></tr> <tr><td>6</td><td>\$41,953</td></tr> <tr><td>7+</td><td>\$46,077</td></tr> </tbody> </table>	Family Size	Income (after tax)	1	\$17,570	2	\$21,384	3	\$26,628	4	\$33,221	5	\$37,828	6	\$41,953	7+	\$46,077	<p>To be eligible your income (after tax) must be less than the amount shown in the 2006 Statistics Canada Low-Income Cut-Off table.</p> <p>Please provide the following with your completed application.</p> <ol style="list-style-type: none"> Copy of last year's Notice of Assessment for yourself and your spouse or partner as it relates to the General Income Tax Form (3 page document you receive from the Canada Revenue Agency after filing your personal income tax return). Call 1-800-959-8281 if you have lost your copy and need a replacement. Copies of your pay stubs for the past four weeks. Copies of your spouse's or partner's pay stubs if they are also applying for an affordable transit pass. <p>Forward your completed application and all required documentation to: Special Support Program, 2255 Barton Street East, Hamilton ON L8H 7T4</p>
Family Size	Income (after tax)																
1	\$17,570																
2	\$21,384																
3	\$26,628																
4	\$33,221																
5	\$37,828																
6	\$41,953																
7+	\$46,077																



Affordable Transit Pass Application Form

For assistance completing this form, please call the Special Supports Program, City of Hamilton, at 905-546-2590

Section 5: Application Signatures

All the statements in this application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted. The Criminal Code of Canada subsection 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence.

Signature of Applicant

Date

Signature of Spouse/Partner

Date

By signing this application you are consenting to your information being provided to the Hamilton Street Railway Company for the purpose of program administration.

Affordable Transit Pass Program Evaluation

How did you learn about the program (please ✓ below)

- | | |
|---|---|
| <input type="checkbox"/> City Bus Ad | <input type="checkbox"/> Media (which one) _____ |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Community Agency (which one) _____ |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Website (which one) _____ |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> My Employer (which one) _____ |
| <input type="checkbox"/> Ontario Works Office | <input type="checkbox"/> Other (please specify) _____ |

Evaluation Consent for Contact

The Affordable Transit Pass Program is a pilot for the City of Hamilton. The future of the program will depend upon the results of a program evaluation. Your participation in this evaluation is voluntary and will not affect your eligibility for the program.

Do you consent to be contacted for the purposes of evaluating the program? Yes No

If yes, how would you prefer to be contacted?

Mail Phone Email (please provide) _____

Notice of Collection of Personal Information pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

This information is collected under the legal authority of s. 10 of the Municipal Act, 2001 and the City of Hamilton Affordable Transit Pass Pilot Program (report ECS08051(b)) approved by the City's Council on April 29, 2009.

The information will be used for the purpose of administering the City of Hamilton Affordable Transit Pass Pilot Program, including for the purposes of determining eligibility and program evaluation.

For more information contact the Special Supports Program, City of Hamilton, at 905-546-2424 ext. 7954.