

## **Affordable Transit Pass Application Form**

For assistance completing this form, please call the Special Supports Program at 905-546-2590. You must meet all of the following: working; resident of Hamilton; between 18-64; and living with a low income or in receipt of Ontario Works or Ontario Disability (some conditions apply).

Secti	on 1	: Applic	ant (please	print)			
Mr Ms		Last Name			First Name	Middle Name	Middle Name
Mrs	Miss						
		Day	Month	Year	Social Insurance Nur	nber Phone Number	
Date of	Birth						
		Street			City	Postal Code	
Address	6						
Marital	Status	Married	/Common Law	Single	Separated		
		Name			Address		
Employ	er						
					Support Program	Ontario Works	
		e check which one and proceed to Section his form.			n 5: Application	5: Application Ontario Disability Support Program	
Jigilatu		101111.				, , , , ,	
Sacti	on 2	· Snous	a/Partner /	nlassa ni	rint)		

Section 2: Spouse/Partner (please print)							
		Last Name			First Name	Middle Name	
Mr	Ms						
Mrs	Miss						
		Day	Month	Year	Social Insurance Number		
Date of Birth							
		Name			Address		
Employer		Wallie			Addiess		

e home (please print)
Birth Date (dd/mm/yyyy)

## Section 4: Income (please attach)

Check the box for your family size below. Family size includes you, spouse or partner and dependents under 18 living in your home.

**Current Statistics Canada Low Income Measure (LIM)** 

FAMILY	INCOME
SIZE	(after taxes)
1	\$26,570
2	\$37,576
3	\$46,021
4	\$53,140
5	\$59,412
6	\$65,083
7	\$70,928
8	\$75,151
9	\$79,710
10	\$84,022

Revised 2022-09-30

To be eligible your income (after tax) must be less than the amount shown in the Current Statistics Canada Low Income Measure (LIM).

Please provide the following with your completed application.

- 1. 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.
- 2. 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 pas.

Forward your completed application and all required documentation to: Special Support Program, 1550 Upper James St., Unit 14a, Hamilton, ON L9B 2L6 If submitting digitally, please email supporting documents to: support@hamilton.ca

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## 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.

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 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 Program, including for the purposes of determining eligibility.

For more information contact the Special Supports Program, City of Hamilton, at 905-546-2590, support@hamilton.ca where the special Support is a support of the support o

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