



Hamilton

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).

SUBMIT

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			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			Social Insurance Number	
Employer		Name		Address	

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

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

Section 4: Income (please attach)

Select your family size. Family size includes you, spouse or partner and dependents under 18 living in your home.

Current Statistics Canada Low Income Measure (LIM)

FAMILY SIZE	INCOME (after taxes)
1	\$25,153
2	\$35,572
3	\$43,566
4	\$50,306
5	\$56,244
6	\$61,612
7	\$66,549
8	\$71,143
9	\$75,459
10	\$79,541

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.

- 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.

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

Revised August 2021



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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 (Type Name)

Date

Signature of Spouse/Partner (Type Name)

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