



Date of Issue _____
Expiration Date _____

Income-Qualifying Fare Verification Form

Number of Family Members in Household and Combined Household Income Limits
Must be at or below

<u>1 person</u>	<u>2 person</u>	<u>3 person</u>	<u>4 person</u>	<u>5 person</u>	<u>6 person</u>	<u>7 person</u>	<u>8 person</u>
\$22,459	\$30,451	\$38,443	\$46,435	\$54,427	\$62,419	\$70,411	\$78,403

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(optional for renewal reminder)

List all adults in the household, incl. applicant, requesting the Income-Qualifying Fare here:

First Name	Last Name	Permit Number

By signing this form, I certify that my combined household income is at or below 185% of the current poverty level as defined above. I understand that a new verification form is required annually.

Signature

Date

Please return completed form to:

Eau Claire Transit

910 Forest St
Eau Claire, WI 54703
(715) 839-5111
(715) 839-1693 FAX