



Application for Ticket Assistance Program (TAP) Benefits

Date of Application:

Applicant's First Name:		MI:	Last Name:	
Current Mailing Address:			City, State and Zip Code:	
Email address:			Date of Birth:	
Home Phone:	Cell Phone:		Work Phone:	
Please select the option that applies to you: <input type="checkbox"/> I am a current GoCary Door to Door customer. I am applying for benefits in the amount of \$125 per quarter. <input type="checkbox"/> I am a GoCary Fixed Route customer. I am applying for benefits in the amount of three (3) 31-Day passes per quarter. I understand that I must turn in validated passes to be eligible for subsequent disbursements.			Do you have a GoCary ID card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility Criteria: You must be certified in one (or more) of the programs listed below and provide proof of eligibility or certification at the time of registration.				
This section is to be completed by Town of Cary staff.				
Medicaid	Date of proof:	YES	NO	N/A
SNAP	Date of proof:	YES	NO	N/A
Supplemental Social Security Income (SSSI)	Date of proof:	YES	NO	N/A
Town of Cary Resident Verified: YES or NO				

Mail Completed Application To: Town of Cary – GoCary TAP
 P.O. Box 8005
 Cary, NC 27512

Dropoff Completed Application To: Town of Cary / GoCary
 Cary Senior Center at Bond Park
 120 Maury O'Dell Place
 Cary, NC 27513

Questions: Email YourRideMatters@townofcary.org or Call (919) 653-7141

PROGRAM POLICIES

1. The Ticket Assistance Program is open to eligible Door to Door and Fixed Route customers.
2. The program will follow a fiscal year calendar of July 1st – June 30th.
3. Disbursements will be credited to eligible Door to Door customer accounts in quarterly increments of \$125.
4. Eligible Fixed Route customers will receive three (3) 31-Day passes each quarter. A valid GoCary ID is required when using the pass. Validated passes must be turned in at the end of the quarter to be eligible for the next disbursement.
5. Disbursements are non-transferrable and do not hold a cash value. Unauthorized use of disbursements and/or passes may result in expulsion from the program.
6. Accounts reset on the first day of each quarter. Balances do not carry-over.
7. Interested applicants must submit all required documentation, including verification of residency and income, no later than May 31st to be eligible for assistance beginning July 1st.
8. The program budget allows for 50 participants at maximum participation levels. If more than 50 (valid) applications are received by May 31st, applicants will be selected via lottery. The remaining applicants will be placed on a wait-list, in the order they are drawn.
9. Applications that are received after the deadline will be reviewed for eligibility, with eligible customers added to the wait-list in the order they are received.
10. The program budget will be reviewed quarterly. Any remaining balance at the end of each quarter will become available for disbursement in the next quarter. Disbursements will then be made to applicants on the wait-list.
11. Any applicant that remains on the wait-list at the end of the program year will receive priority ranking the following year, provided they submit an eligible application by the deadline.

APPLICANT'S SIGNATURE IS REQUIRED

By signing below, you are giving permission to Town of Cary staff to process your application in order to determine eligibility for the Ticket Assistance Program. Town staff will assess eligible applicants to determine if they meet the program criteria. Documentation is required to verify residency, income, and proof of an existing certification for Medicaid, SSI (Disability Benefits), or SNAP benefits.

The information provided in this application is confidential and will be used only to determine your eligibility for the Ticket Assistance Program. Your signature indicates that all of the information provided in this application is true and complete to the best of your knowledge. Your signature also indicates that the maximum benefits allowed under this program are **\$125 per quarter for Door to Door service, or three (3) 31-Day passes for Fixed Route service**. Additional benefits will not be granted for any reason.

If it has been determined that you have violated the requirements for this program, you will be suspended or permanently barred from receiving future assistance. Providing false or incomplete information will result in rejection of this application.

Signature (Parent/ Guardian if under 18)

Date

Town of Cary/Transit staff reviewer initials: _____ Date Town staff reviewed: _____