



Application for Ticket Assistance Program (TAP) Benefits

Date of Application:

Applicant's First Name:		MI:	Last Name:	
Mailing Address:		City, State and Zip Code:		
Email address:		Date of Birth:		
Home Phone:	Cell Phone:	Work Phone:		
<p>Eligibility Criteria: You must be certified in one (or more) of the programs listed below and provide a copy of current proof of eligibility (dated within the last 12 months) or certification at the time of registration. Proof of residency is also required. Please do not send original documents. Please copy proof of eligibility and residency documents onto an 8.5 x 11 sheet of paper. Do not cut to a small size. Do not staple, tape, or attach items together. If you do not provide documentation of <u>eligibility and residency</u>, your application will not be processed.</p>				
This section is to be completed by Town of Cary staff.				
Medicaid	Date of proof:	YES	NO	N/A
Supplemental Nutrition Assistance Program (SNAP)	Date of proof:	YES	NO	N/A
Supplemental Security Income (SSI)	Date of proof:	YES	NO	N/A
Town of Cary Resident Verified: YES or NO				

Completed applications, including verification of residency and eligibility may be returned to:

By Mail: Town of Cary
 Attn: GoCary TAP
 P.O. Box 8005
 Cary, NC 27512

By Email: BetterTransit@GoCary.org

Questions: Email BetterTransit@GoCary.org or Call (919) 653-7141

PROGRAM POLICIES

1. The Ticket Assistance Program is open to eligible Door to Door 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 an annual amount of \$500 if approved at the beginning of the year on July 1st. If approved after July 1st, your account will be credited a prorated amount depending on your start date. Once your disbursement has been used, no additional benefits will be granted for the remainder of the program year.
4. Disbursements are non-transferrable and do not hold a cash value. Unauthorized use of disbursements may result in expulsion from the program.
5. Accounts reset on the first day of each fiscal year. Balances do not carry-over.
6. Interested applicants must submit all required documentation, included verification of residency and income, no later than June 16th to be eligible for assistance beginning July 1st. Incomplete applications will not be processed.
7. The program budget allows for 50 participants at maximum participation levels. If more than 50 (valid) applications are received by June 16th, applicants will be selected via lottery. The remaining applicants will be placed on a wait list, in the order they are drawn.
8. 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.
9. 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, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (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 you understand the maximum benefits allowed under this program are **\$500 per year for Door to Door 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.

Applicant Signature (Parent/ Guardian if under 18)

Date

Town of Cary/Transit staff reviewer initials: _____

Date Town staff reviewed: _____