



APPLICATION FOR PERSONS WITH DISABILITIES

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____

Proof of Disability

To qualify as disabled for purposes of RIPTA's Reduced Fare Bus Pass Program you must submit to RIPTA one of the following: (1) a Medicare care with a disability code; (2) an SSI or SSDI Award Letter; (3) documentation in the form of the Certification of Disability attached to this Application, (5) a letter from the U.S. Department of Veterans Affairs with a disability rating at or above 40%.

Proof of Identity (required):

Please attach a clear photocopy of a valid, current photo ID. One of the following must be provided:

Driver's License

Passport

State ID Card

Signature:

I hereby attest that the information provided with this application is true, and I authorize RIPTA to conduct verifications as necessary. I understand that if any statements made on this application form are false or inaccurate, or if any of the attachments have been falsified, I will lose the privileges granted by the Reduced Fare Bus Pass Program and be subject to criminal prosecution for fraud in accordance with Rhode Island State Law.

Signature: _____

Date: _____

Print Name: _____



INCOME ELIGIBILITY APPLICATION

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____

Proof of Low Income Status (required):

An applicant's total income must not exceed 200% of the Federal Poverty Level, based on review of (1) an IRS Tax Account Transcript (most recent year; see reverse side for directions for obtaining a tax transcript); (2) an SSI Award Letter; (3) a Medicaid Eligibility Notice Letter (most recent year); or (4) a Supplemental Income Verification Notice from the Rhode Island's Executive Office of Health and Human Services. See reverse for Federal Poverty Level thresholds.

- IRS Tax Account Transcript (most recent year)
- SSI Award Letter
- Medicaid Eligibility Notice Letter (most recent year)
- Rhode Island Department of Human Services Supplemental Income Verification Notice

Proof of Identity (required):

Please attach a clear photocopy of a valid, current photo ID. One of the following must be provided:

- Driver's License Passport State ID Card
- Veterans Administration ID Card

Signature:

I hereby attest that the information provided with this application is true, and authorize RIPTA to conduct verifications as necessary. I understand that if any statements made on this application form are false or inaccurate, or if any of the attachments have been falsified, I will lose the privileges granted by the Bus Pass Program and be subject to criminal prosecution for fraud in accordance with Rhode Island State Law.

Signature: _____ Date: _____

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

2020		FEDERAL POVERTY LEVELS				2020	
Size of Household	138%	150%	200%	250%	300%	400%	
1	\$17,236	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960	
2	\$23,336	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640	
3	\$29,435	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320	
4	\$35,535	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000	
5	\$41,635	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680	
6	\$47,734	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360	
7	\$53,834	\$58,515	\$78,020	\$97,525	\$117,030	\$156,040	
8	\$59,933	\$65,145	\$86,860	\$108,575	\$130,290	\$173,720	

Obtaining a Free Tax Account Transcript from the IRS

The free Tax Account Transcript provides basic information, including marital status, type of return filed, Adjusted Gross Income, and taxable income.

Gather Your Information:

- Date of birth
- Street address
- Zip code

Get Your Transcript:

According to the IRS, the easiest and fastest way is by phone or online.

- Go to www.irs.gov
- OR
- Call 800-908-9946

IRS Office Locations:

If you still feel that you need to go to an IRS Office, please note that the Rhode Island locations are now by appointment only. To schedule an appointment, please call 1-844-545-5640.

- 380 Westminster Street, Providence/ Monday-Friday - 8:30 AM-4:30 PM
- 60 Quaker Lane, Warwick /Monday-Friday -9:00-AM-4:30 PM
(Closed for lunch 1:00 PM - 2:00 PM)



CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize RIPTA to make a **one-time (1) charge** to your credit card listed below.

By signing this form you give RIPTA permission to debit your account listed for the amount indicated on or after the indicated date. This permission is for a single transaction only, it does not provide authorization for any additional unrelated debits or credits. The information provided shall not be used for any other purpose. The information provided is not retained by RIPTA and will be destroyed upon successful processing of the one-time payment.

I, _____ authorize RIPTA to charge my credit card
(cardholder's full name)

account indicated below for the sum of \$ _____ on _____.
(amount) (date)

Card Type: Visa ___ Mastercard ___ Discover ___ AMEX ___

Account #: _____

Expiration Date: _____

CVV: _____

Name: _____

Address: _____ (Street)

_____ (City, State, Zip)

Phone: _____

Email: _____

I authorize RIPTA to charge the credit card indicated on this authorization form according to the terms and conditions stated above. This payment authorization is for the amount indicated above only and is valid for one-time (1) use only. I certify that I am an authorized user of this account and I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated on this form.

SIGNATURE _____

DATE _____