



HARVEY INTERURBAN

800 N Main • PO Box 687 • Newton, KS 67114

Phone: (316) 284-6802 • Fax: (316) 284-6856

Toll Free: 866-680-6802 • transportation@harveycounty.com

Dear Cab Rider,

To obtain your new cab card, there are items you need to return to us.

- Completed and signed application form which is enclosed.
- Proof of entire gross income.

Examples of this are your most recent Income Tax Return, paycheck stub, Social Security Statement, SRS Statement verifying income, or any other documentation that proves all of your income.

Please return this information to the address above. If all qualifications are met, we will mail your cab card.

Karen Kaufman

Karen Kaufman

Transportation Coordinator

Harvey County Transportation

Card # _____
Type: E D GP
Issue ___/___/___
Expires ___/___/___

Application for Subsidized Transportation

Harvey County residents who are low income may be eligible for subsidized transportation with OT Cab Company. If your total income falls below 185% of the poverty level, the Board of County Commissioners has allocated tax dollars to pay a portion of your fare. You are responsible for paying the remainder of the fare. In order to receive the subsidy you must: 1) complete this application and 2) meet the income guidelines (proof of income is required). This subsidy is subject to funding availability (tax support is limited and subject to change annually). Please **PRINT** the following requested information.

Name: _____ Post Office Box: _____
 Street Address: _____ Zip Code: _____
 Telephone: _____ City: _____ Birthdate: _____

Please check one of the following: Elderly (60 & over) _____
 Disabled _____
 General Public (under 60) _____

Please check the number of dependents in your family: 1 ___ 2 ___ 3 ___ Other ___
 Name & phone number of legal guardian (if applicable): _____

INCOME INFORMATION: You must report **ALL** sources of gross income. Please list **MONTHLY** amounts. A copy of your pay stub, income tax return, social security statement or any other document verifying your income needs to be sent with this application.

Social Security Retirement (before Medicare deduction)	\$ _____
Social Security Disability (current amount)	\$ _____
Supplemental Security Income (current amount)	\$ _____
Wages/Pension	\$ _____
Interest earned on invested money/property	\$ _____
Other income (please specify) _____	\$ _____
<u>TOTAL MONTHLY INCOME</u>	\$ _____

By providing my signature below, I indicate that the above information is true and that my total income has been reported. I understand that if I am found eligible for subsidy from Harvey County, I will be issued a cab card which must be presented to the cab driver **EVERY TIME** I ride the cab, along with my portion of the fare. If any of this information is found to be reported inaccurately, or if I allow anyone else to use my card, I understand that I will immediately be found ineligible for subsidy from Harvey County.

Signature of applicant or legal guardian: _____ Date: _____