### **Low-Income Discount Eligibility Form**





Sp	eeding Tick	ets (Au	ıtomate	ed Spe	ed Enf	forcem	ent)		SFMTA	
Jse t	his form to establis	sh income e	eligibility fo	or discounts	s for:					
□ Sp	☐ Speeding Tickets (Automated Speed Camera Program)					$\square$ Hearing Deposit Waiver for Speeding Tickets				
f an Spee Appli	SFMTA may reduce sapplicant is not receding Ticket fine may cants for low-income level at or below	eiving publi be reduce	c benefit as d by 50 per s for the Au	ssistance burcent.	ut their inco	ome is with	in the limits	listed in the	table below	
	Household Size*	1	2	3	4	5	6	7	8	]
	Annual Income	\$39,125	\$52,875	\$66,625	\$80,375	\$94,125	\$107,875	\$121,625	\$135,375	
	*This table displa	•		-		Add \$13	,750 for each	additional h	ousehold mei	mber
Cus	tomer Information:	:								
Firs	First and Last Name: Date of Birth:									
Mai	iling Address:	City, State, Zip:								
Pho	ne Number:			_						
	nicle and Ticket Info		Licens	e Plate Nur	mber:					
	eding Ticket(s) #'s		<u></u>							

#### Step 1 – Attach a copy of a government issued photo ID

Step 2 – Select a verification method below:

- ☐ Option 1 Public Benefit Assistance (80% fee reduction) Attach a copy of one of the following:
  - Medi-Cal or California Electronic Benefit Transfer (EBT) card.
  - SFMTA Lifeline card (Temporary Lifeline card not accepted).
  - If you are experiencing homelessness and have visited a Coordinated Entry Point in the past 6 months, SFMTA will verify your eligibility with HSH using the form titled "People Experiencing Homelessness Discounts"
  - Women, Infants, & Children (WIC) Supplemental Nutrition Program

Option 2 – Public Benefit Assistance (80% fee reduction) If you are a recipient of Public Benefit Assistance in San Francisco but do not have any proof available, you may complete the authorization form on Page 2 to allow the SFMTA to verify receipt of income eligible service from the San Francisco Department of Human Services.

☐ Option 3 – Low-Income Discount (50% fee reduction) If you do not receive public benefits but are within the income limits specified above: Please refer to page 3 for further instructions.

San Francisco Municipal Transportation Agency

1 South Van Ness Avenue, 7th Floor, San Francisco, CA 94103

SFMTA.com/speedingticket



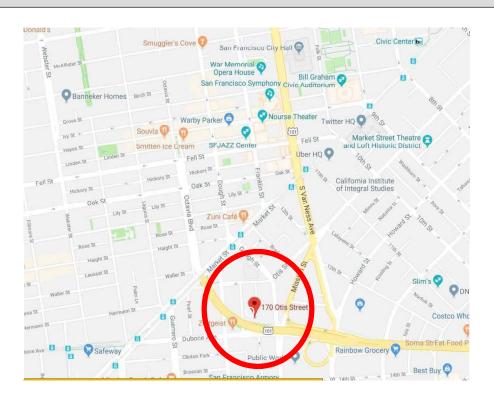
#### **HSA Income Verification Database**

I give permission to HSA to share limited income information with SFMTA and its towing contractor, AutoReturn, to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database can only show my name, my address, and whether my household income falls within certain percentages of federal poverty guidelines based on information I have previously provided to HSA.

Last 4 Digits of Social Security Number:	Birthdate:			_
Signature of HSA Client:	Date:_	/_	/_	

Human Services Agency's (HSA) location - 170 Otis Street

If visiting HSA you must present hard copies of required tax forms and all attachments indicated above.



SFMTA STAFF USE: Approval 1							
Proof:	□HSA	DB [	□ Medi-Cal	□ EBT	☐ Lifeline ☐ HSH Letter. ☐ WIC		
Prog	gram:	□CSP	□PP	□ Lifeline	□ Waiver.	Updated 4.23.25	



## Low-Income Discount Eligibility Form

# Instructions for Individuals Not Currently Receiving Public Benefits

If you are applying for an SFMTA discount or benefit and do not currently have one of the approved proofs of income or are not receiving any public benefits, please read instructions below carefully:

Please take the following steps to receive the discount/benefit:

- 1. Collect your tax documents from the most recent year
  - a. This includes the 1040 and W-2 forms or 1099/Schedule C forms
- 2. Bring these forms to the Human Services Agency (HSA) Office at 170 Otis Street, San Francisco, CA 94103 (at the intersection of Mission Street and Duboce Avenue)

  HSA staff will not be able to assist you unless you bring your tax documents.

HSA staff will verify your income eligibility and inform you about other benefits you might qualify for. This could include EBT (food and or cash) or Medi-Cal (medical) benefits. Please ask HSA staff for more information of how to receive these benefits.

If you do not have any proof of income because you are a student or unemployed, HSA staff will not be able to help you.

Instead, you can go apply for CalFresh or Medi-Cal at these locations below if you are a San Francisco county resident. If you live outside of San Francisco county, go to your local human service agency for assistance.

- CalFresh General Assistance, 1235 Mission Street, between 8<sup>th</sup> and 9<sup>th</sup> Street (Take Bus No. 14 to Ferry direction); Phone number 558-2227
- Medi-Cal Office: 1440 Harrison St, between 10<sup>th</sup> & 11<sup>th</sup> Street (Take bus No. 9 at 11<sup>th</sup> and Market Street)

Please note the following documents are not accepted as proof of income:

- Bank statement or bank account information.
- W2s without 1040 forms
- Veteran benefits card
- Tax returns that are not recent
  - o e.g. if you're applying for discount in year 2022, we need 2021 tax returns
- State Disability Insurance (SDI)
- Social Security Administration documents and related benefits including, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)

Please sign below to acknowledge that you have read the instructions above						
Signature	Date					