



# Low-Income Eligibility Form

HSA  
Approval

- |  |   |
|--|---|
| <input type="checkbox"/> Boot & Tow Fees           | <input type="checkbox"/> Hearing Deposit Waiver             |
| <input type="checkbox"/> Citation Payment Plan     | <input type="checkbox"/> Muni Lifeline Transit Pass Program |
| <input type="checkbox"/> Community Service Program |   |

Income limits apply as follow (based on prior year):

Household Size*	1	2	3	4	5	6	7	8
Annual Income	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860

\*Add \$8,840 per household member above eight

**Automatic eligibility** - Present one of the following, along with government issued photo ID, at time of payment/enrollment:

- Medi-Cal or California Electronic Benefit Transfer (EBT) card
- SFMTA Lifeline card (for parking or citation related discounts only)
- San Francisco Department of Homelessness and Supportive Housing (HSH) Coordinated Entry eligibility letter
- Women, Infants & Children (WIC) Supplemental Nutrition Program
- If you receive benefits from San Francisco's Human Services Agency (HSA), SFMTA staff can research your eligibility with the last four digits of your SSN and Date of Birth (more information on the back of this form)

**Customers not enrolled in the programs listed above**

- **Step 1** – Take this form, government issued ID, and prior year's completed taxes, signed and with all attachments (including original W2s or 1099 forms,) to the San Francisco Human Services Agency (HSA), 170 Otis Street.
- **Step 2** – Return with original certified form to the SFMTA Customer Service Center, 11 South Van Ness Avenue. For tow fee discount only return, with this form to the City and County of San Francisco Impound, 450 7<sup>th</sup> Street.

**Customer Acknowledgement**

I understand that in order to receive income verification at HSA, I must present hard copies of required tax forms and all attachments indicated above. INITIAL HERE \_\_\_\_\_

**Customer Information (Please Complete)**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle License Plate (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_

**FOR STAFF USE - Government-issued identification verified (select one):**

- |  |  |
|--|--|
| <input type="radio"/> San Francisco City ID card                   | <input type="radio"/> Matricula Consular ID card |
| <input type="radio"/> State-issued driver's license/identification | <input type="radio"/> Passport                   |

Eligibility verified by: \_\_\_\_\_

Agent's name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

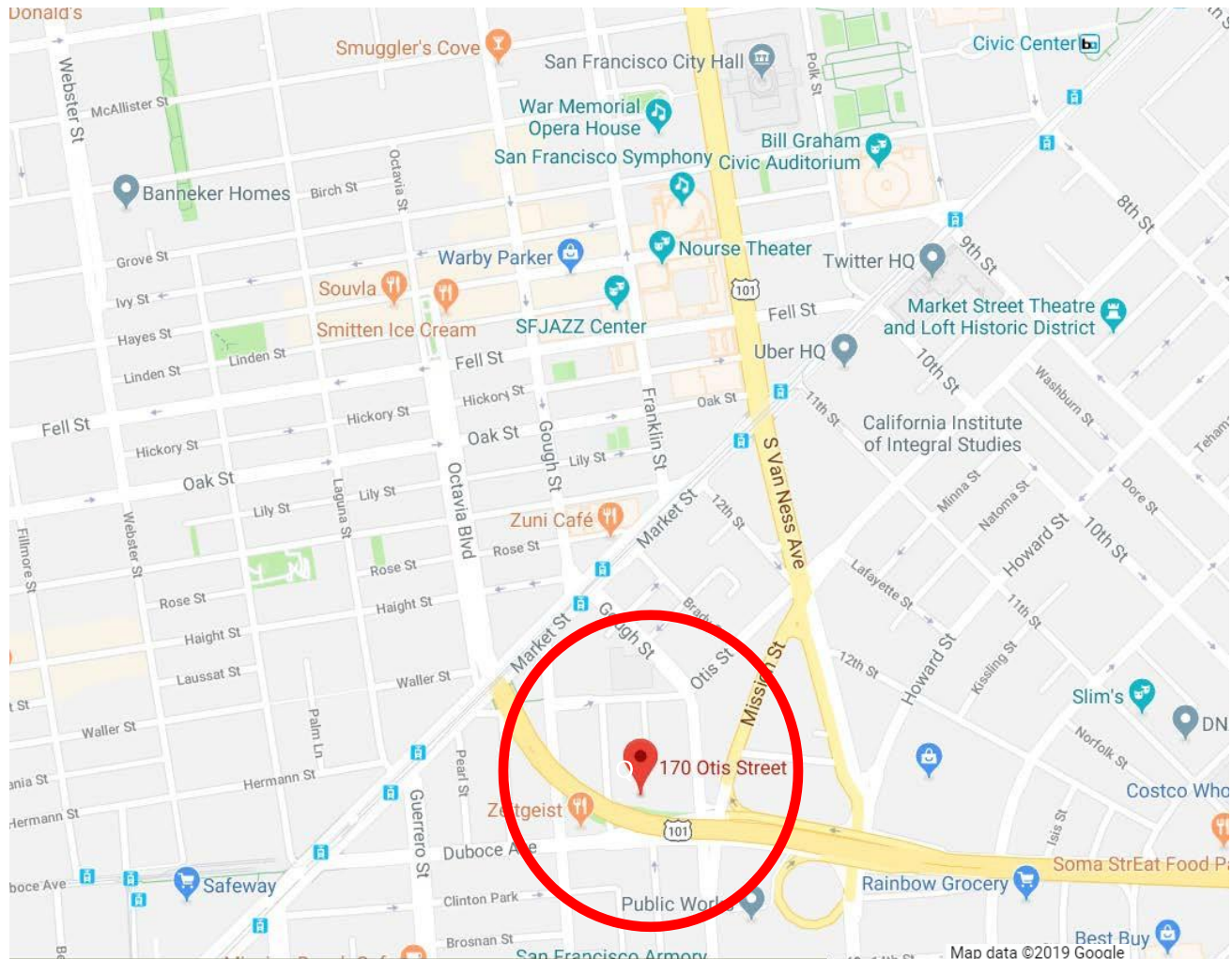
**HSA Income Verification Database:** I give permission to HSA to share limited income information with SFMTA and its towing contractor, AutoReturn, to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database 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 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 \_\_\_\_\_

Approval 2: \_\_\_\_\_

Proof: ☐ HSA 170 ☐ HSA DB ☐ Medi-Cal ☐ EBT ☐ Lifeline ☐ HSH Letter ☐ WIC ☐ Taxes  
Program: ☐ CSP ☐ PP ☐ Lifeline ☐ LI Boot ☐ LI Tow