



# Low-Income Discount Eligibility Form

Use this form to establish income eligibility for discounts for the following SFMTA programs:

- Boot & Tow Fee
- Citation Payment Plan
- Community Service Program
- Hearing Deposit Waiver
- Muni Lifeline Transit Pass Program

Applicant for low income discounts must be a household income at or below the following limits:

Household Size*	1	2	3	4	5	6	7	8
Annual Income	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240

\*Add \$8,960 per household member above eight

## Customer Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

**Step 2 –**

Option 1 – Attach a copy of one of the following:

- Medi-Cal or California Electronic Benefit Transfer (EBT) card
- SFMTA Lifeline card (for parking or citation related discounts only)
  - Temporary Lifeline card not accepted
- If you are experiencing homelessness and have visited a Coordinated Entry Point in the past 6 months
  - SFMTA or AutoReturn will verify
- Women, Infants & Children (WIC) Supplemental Nutrition Program
- Proof of current application for, or receipt of, Unemployment Benefits letter from EDD, including:
  - Application receipt notice
  - Benefits receipt notice
  - New account confirmation email from EDD

Option 2 – Complete the authorization form on the following page to allow the SFMTA, or its towing contractor AutoReturn, to verify receipt of income eligible service from the San Francisco Department of Human Services.

Option 3- I certify that I meet the annual income requirements above, however, I am not currently participating in any programs listed. I understand that the SFMTA may request documentation, including copies of recent tax returns, to verify income at any time and failure to respond will result in termination from the program and/or the application of administrative penalties. Please sign and date below.

Signature \_\_\_\_\_

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 HSA Client: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

SFMTA STAFF USE: Approval 1 \_\_\_\_\_ Approval 2: \_\_\_\_\_

Proof:  HSADB  Medi-Cal  EBT  EDD  Lifeline  HSH Letter.  WIC  Self Certificaiton  EDD  
Program:  CSP  PP  Lifeline  LI Boot  LI Tow  Waiver.

Updated 08/26/2020