



Low-Income Discount Eligibility Form

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

- 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 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 Waiver.

Updated 03/30/2021