



# Low-Income Discount Eligibility Form

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

- |  |   |
|--|---|
| <input type="checkbox"/> Citation Payment Plan     | <input type="checkbox"/> Hearing Deposit Waiver             |
| <input type="checkbox"/> Community Service Program | <input type="checkbox"/> Muni Lifeline Transit Pass Program |
| <input type="checkbox"/> Booted Vehicles           | <input type="checkbox"/> Towed Vehicles                     |

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	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260

\*Add \$9,440 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

☐ 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.

## **Step 3 –**

Towed Vehicles – Take completed form to City and County of San Francisco Impound, 450 7th Street (AutoReturn)

Payment Plan, Community Service, Lifeline Pass, Hearing Deposit Waiver, and Booted – Take completed form to SFMTA Customer Service Center, 11 South Van Ness Avenue, M-F from 8:00-5:00.

*For towed vehicles outside of business hours, take this form to Impound (AutoReturn)*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### HSA Income Verification Database

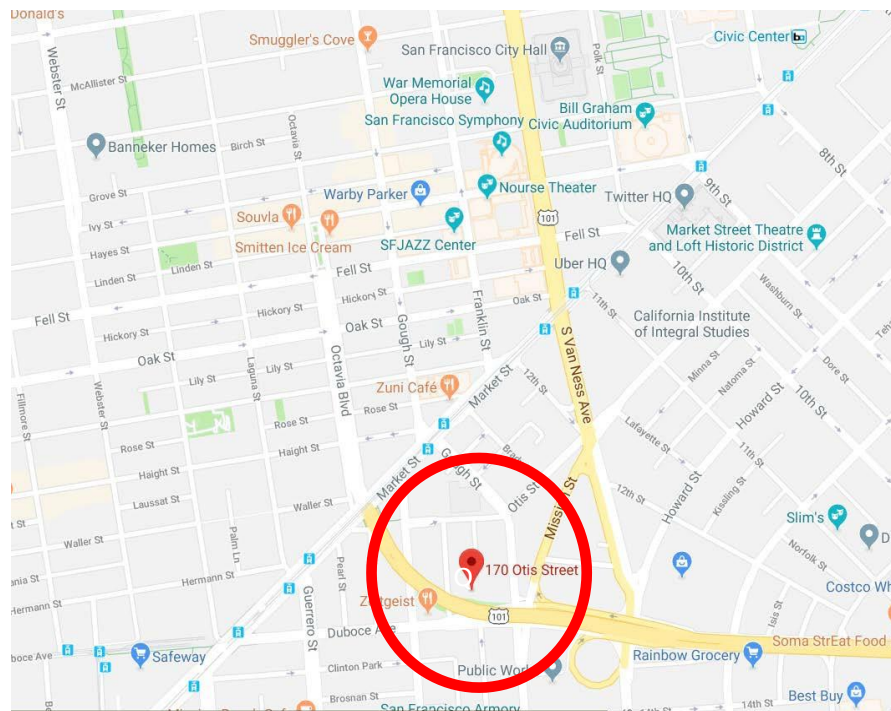
I give permission to HSA to share limited income information with SFMTA and its towing contractor, AutoReturn, to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database can only show my name, my address,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

### 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: ☐ HSADB ☐ Medi-Cal ☐ EBT ☐ Lifeline ☐ HSH Letter. ☐ WIC

Program: ☐ CSP ☐ PP ☐ Lifeline ☐ Waiver.

Updated 03/08/2022