



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 gross 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.

Option 3 – If you do not receive public benefits: Please refer to page 3 for further instructions.

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

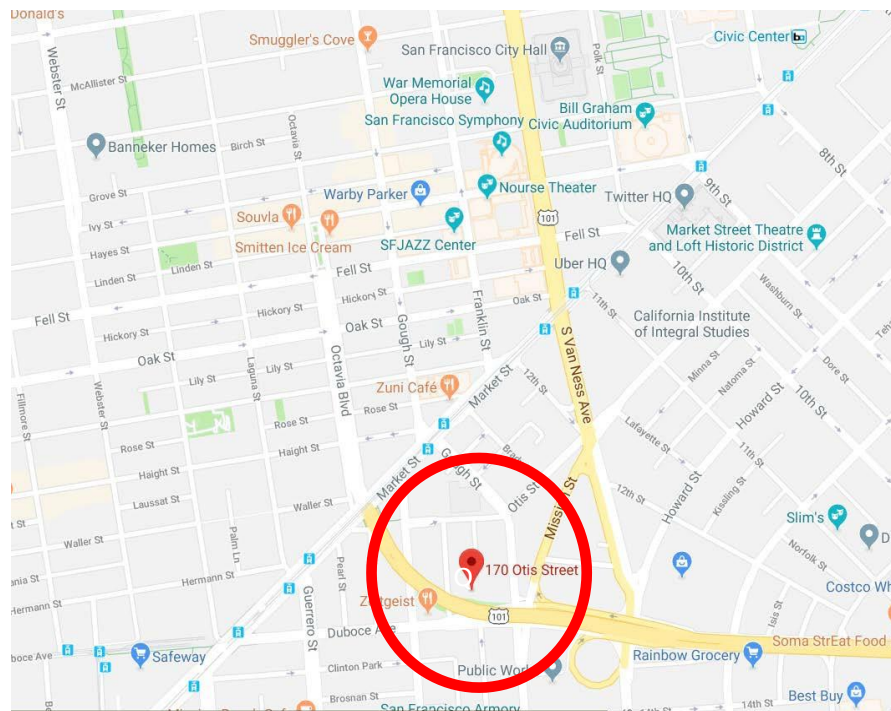
I give permission to HSA to share limited income information with SFMTA and its towing contractor, AutoReturn, to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database can only show my name, my address, 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 09/09/2022



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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 8th and 9th Street (Take Bus No. 14 to Ferry direction); Phone number – 558-2227
- Medi-Cal Office: 1440 Harrison St, between 10th & 11th Street (Take bus No. 9 at 11th 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
 - 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

