



Lifeline Pass Application

The Lifeline Pass is a Muni-only monthly pass for adults (ages 19-64) on a limited income. The pass is offered at a 50% discount off the standard adult monthly pass price.

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

Household Size*	1	2	3	4	5	6	7	8
Annual Income	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120

*Add \$9,440 per household member above eight

Customer Information

First Name: _____ Last Name: _____

Mailing Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____

If your application is accepted, your last transit citation issued within 30 days of enrollment is eligible for dismissal. Please provide a citation or ID number from the citation so that we may review your record.

Citation or ID Number: _____

☐ **New Applications** - complete the steps below ☐ **Replacement Cards** – provide customer information only

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
- Women, Infants & Children (WIC) Supplemental Nutrition Program

☐ **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.

Signature

Date

If your application is accepted, your last transit citation issued within 30 days of enrollment is eligible for dismissal. Please provide a citation or ID number from the citation when applying.

Citation or ID Number

**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: ____/____/____

Please mail your completed application and supporting documents to:

SFMTA-Lifeline
11 South Van Ness Avenue
San Francisco, CA 94103

SFMTASTAFFUSE: Approval1 _____ Approval2: _____

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

Program: ☐ CSP ☐ PP ☐ Lifeline ☐ LI Boot ☐ LI Tow ☐ Waiver

Updated 10.18.23