

CDBG BUS PASS APPLICATION

1. All information must be completed on this form or no pass will be issued.
2. You must submit a copy of a government issued photo ID (i.e., driver's license, military ID, Passport).
3. Your bus pass will be mailed to you at the address you list. You are responsible to notify the CART office of any change in your contact information.
4. You must have a residential address in the Norman city limits. Passes will not be mailed to P.O. Box or business addresses.
5. In signing this form, you understand that you are making specific statements about your household and income level that are required for the federal funding utilized for this bus pass program.
6. You also understand that false statements will result in a loss of all bus pass privileges and may result in legal action.
7. This project is based on income eligibility only. Household information and racial characteristics will not be used to determine eligibility.
8. This form must be completed for each person requesting a bus pass. Parents/Guardians may fill out an application for each youth under the age of 18.
9. Applications are good from July 1 through June 30 of the following year. A new application must be completed annually.

Please use black ink to answer the following questions and print clearly:

Name: _____ Applicant's Date of Birth: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

- A. How many people are there in your family household at this address? _____
- B. What was last year's **total gross income for the family household** living at this address? _____
- C. Are you a CARTaccess van user (origin-to-destination service for the disabled)? _____
- D. **For each person on your household, please supply the following information listing your information first:**

	Age	Sex	White	Black/African American	Asian	American Indian/ Native Alaskan	Native Hawaiian/ other Pacific Islander	Balance/ Other	Ethnicity is Hispanic?
Applicant									
Others in Household									
Others in Household									
Others in Household									
Others in Household									
Others in Household									
Others in Household									
Others in Household									

Signature _____ **"I have read and understand the above. All answers provided are true."** _____ **Date** _____

OFFICE USE ONLY

ID# _____ ID Type _____

Agency _____ Representative _____

Agency Phone Number (405) _____