

S.T.A.G.E.

(Siskiyou Transit and General Express)

DISCOUNT APPLICATION

The Discount Card provides a reduced rate fare for passengers qualifying for low income. The low income status varies, according to the number of family members in a household. If a person's income does not exceed the monthly income guidelines, they qualify. The table below displays eligibility income limits.

Income Limits as of June 2017*			
Number in Family	Income	Number in Family	Income
1	\$1,256	6	\$3,433
2	\$1,692	7	\$3,869
3	\$2,127	8	\$4,304
4	\$2,563		
5	\$2,998		

*We reserve the right to change the dollar amounts without notice, due to cost of living changes.

You must submit proof of residency along with your proof of income.

Please do not submit originals, they will not be returned. Acceptable forms are:

Income		Residency
Award letter from SS or SSI	Child and/or Spousal Support	Any form of utility bill
Passport to services from Human Services	Student Aid Letter	Driver's License
Unemployment Statement	Pay Stub (for 2 consecutive pay periods)	Rent Stub

Terms and Conditions

1. Applications must be legible, filled out correctly and completely, including APT number.
2. Completed applications should be submitted to the STAGE office with necessary proofs.
3. Must be a resident of Siskiyou County.
4. Must be at least twenty-four years of age or show proof that you live independently. (Eligibility of minors is based on income of parents(s) or legal guardian; minors (under 18) may not apply for or qualify on their own. Parents or guardian must apply.)
5. Income levels for discount cards are based on the Federal Income Level Guidelines and **MUST** include all income for all family members.
6. Discount cards are for immediate family members (**in the same household**) only. **Any co-habitant except husband/wife must file a separate application with their own income.**
7. Discount cards are good for one year. If you lose your card, you will be issued **one** replacement. If you lose the replacement, you must wait until the card expires before receiving a new card.
8. Family members five and over will receive a card. These cards **MUST** be in possession when riding the bus and **MUST** be shown to the driver **EVERY TIME** you ride. Please have your discount card, cash and/or ticket in hand when boarding the bus. If your card is not in your possession, you will be charged full fare.
9. Any misuse of these cards will be cause for cancellation of privileges. We reserve the right to confiscate the discount cards.

Cards will be issued or notification of ineligibility will be sent within 7 (seven) business days of the receipt of the application. If you are applying by mail, please allow at least 10 (ten) business days to receive your card.

Please keep this page for your records

STAGE DISCOUNT APPLICATION

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Do not submit your application without necessary proof required. Originals will not be returned.

Please complete the following information and submit your application to: STAGE 190 Greenhorn Road, Yreka, CA 96097

Part 1 General Information

Name:	_____	_____	_____
	Last	First	M
Spouse:	_____	_____	_____
	Last	First	M
Address:	_____		Phone _____
City:	_____	State: _____	Zip: _____
Date of Birth	_____	Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
Have you ever applied under a different name?	<input type="radio"/> Yes <input type="radio"/> No	_____ (Previous Name)	
How many people are in your household? (Include yourself, spouse, and minor children)	_____		

Part 2 Dependency Status *If you are 24 or younger please complete the following:*

1. Do you live with one or both of your parents?	<input type="radio"/> Yes	<input type="radio"/> No
2. Do your parents claim you on their tax returns as an exemption?	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="radio"/> Parents don't file	

If you answered "**yes**" to either question you are a dependent and cannot apply on your own. Your parent(s) must fill out the application with their income and household information.
If you answered "**no**" to both questions, you are independent and must provide income, residency and household information about you (and your spouse)

Part 3 Income Information

List all household members with income. Indicate the source and amount of MONTHLY INCOME each household member received last month. If any amount was more or less than usual, enter the usual monthly income.
You must present proof of all income. Do not submit application without proof. Do not send originals, they will not be returned.

Name	Source	Amount

Part 4 LIST YOURSELF AND FAMILY MEMBERS, IF APPLICABLE

List immediate family members who reside in your household and request a card.			OFFICE USE
Name	Relationship	Age	
	Self		

Part 5 Certification

The information you provide is subject to verification. If any information is determined to be false, you may be denied a discount card. If you have been issued a card and the information you provide is determined to be false you will be required to forfeit the use of the card.

I have read the RULES of STAGE's Discount Policy and understand what is required when applying for and/or using my discount card.

I hereby swear and affirm, under penalty of perjury, that all information on this form is true and correct to the best of my knowledge and that all family income is accurately reported. I realize that any false statement may be cause for the removal of my (our) discount card(s). I authorize the release of information regarding this application between Siskiyou Transit and General Express (STAGE) and the appropriate agency(s) noted in this application.

I accept the policy that I MUST show my discount card to the driver EVERY TIME I board the bus whether I'm paying by cash or ticket and that I MAY BE ASKED TO SHOW MY IDENTIFICATION. I also realize that these discount cards have been issued to my immediate family and that I may lose the discount if they are used to pay cash fares or to buy tickets at the discount rate for anyone except myself and my immediate family.

Signature Date

OFFICE USE ONLY		Application approved by: _____	
		Applicant is approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date issued: _____	Expiration Date: _____	Date Mailed _____	
Reason not approved: _____	Ineligible notice sent _____		

PRINT