TRANSPORTATION DISADVANTAGED (TD) BUS PASS PROGRAM

Dear TOPS! Applicant:

Thank you for your interest in TOPS! The Florida Commission for Transportation Disadvantaged (TD) program is one of the transportation programs provided by TOPS! The TD bus pass program is provided to eligible Broward County residents who are unable to use Broward County Transit's (BCT) fixed-route bus service as a result of having low income.

Bus Pass Program: A 31- day BCT fixed-route bus pass (seniors, adults, youth) is provided to eligible Broward County residents at no charge. Eligible recipients may receive bus passes via U. S. mail OR choose to pick up the bus pass at Government Center West in Plantation. Only the program eligible person may pick up their own bus pass.

Eligibility: The TD program is a "last resort" program for individuals in need of transportation and do not have access to any other transportation resource**.** TD eligibility criteria requires the applicant to qualify by current Federal Poverty Level Guidelines, depending on the number of family members in their household, at the 225 percent level. *(see chart below)* Broward County is required to make every effort to verify your income/benefits to determine eligibility. Blanks on your application are considered as incomplete and may affect the timeliness of eligibility determination.

Persons in family/household	225% of 2026 Federal Poverty Guidelines
1	$ 35,910.00
2	$ 48,690.00
3	$ 61,470.00

For households of more than three members please view our website at www.broward/bct to access the complete TD Income Guidelines chart.

Completed TD applications must contain all requested information: Current government issued identification and applicable financial supporting documents. **Self-Declarations are not accepted as proof or lack of income/benefits.** If submitting an application in person, applicants must bring government issued identification which will be copied by office staff.

Return to: Broward County Transit - Paratransit Division
1 N. University Dr., Suite 2400-B
Plantation, FL 33324
Email completed application to: paratransit@broward.org
Information: 954-357-8400 FAX: 954-357-8345

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER (SSN) FOR GOVERNMENT PURPOSE

Broward County collects SSNs for different purposes. The Florida Public Records Law, Section 119.071(5), F.S. (2007) requires County to give you this written statement explaining the purpose and authority for collecting your SSN.

FORM	PURPOSE	AUTHORIZATION
TD Application	Conduct eligibility verification and monitor for system abuse	County policy (See Note)

NOTE: Broward County collects your SSN in the performance of a duty or responsibility County must complete in accordance with law or business necessity. In the event a law does not specifically provide County with the authority to collect your SSN, it is imperative County collect your SSN and this is expressly provided in section 119.081 (5) 2.b.

Transportation Disadvantaged Application

BUS PASS PROGRAM

Broward County Transit

Office Use Only
Client ID: _____
Date Approved: _____
Date Denied: _____

INSTRUCTIONS:
Attach all required documentation. **Self-declaration of income is not accepted.**

REQUIRED: Current government issued ID with Broward County address OR current government issued ID with proof of Broward County residency. Accepted documents include: a current lease or utility bill in applicant's name or if unhoused a homeless verification letter.

Name of Applicant:	Phone:
Home Address:	
Mailing Address (if different a notarized letter may be required):	
If using an agency to receive mail, attach agency/homeless letter stating they will receive your mail.	
Is a vehicle registered in your name? YES ☐ NO ☐	Do you drive? YES ☐ NO ☐
If yes to either question above please explain:	
Date of Birth:	Social Security Number:
Are you receiving Medicaid? YES ☐ NO ☐	If YES, Medicaid #:
Emergency Contact:	Phone:
Number of ***relatives***, including self, living in household: _____	Annual Household Income/Benefits $_____

To help us to determine your household income, please **submit a copy of all current annual income/benefit(s) received by you and/or any relative(s) living in the residence.** *

1. Most recent pay stub with year-to-date reporting $_____
2. DCF Benefits / Cash Assist. / Food Stamps with benefit amount $_____
3. Unemployment Compensation $_____
4. Social Security Awards Letter (SSA / SSI/ SSDI) (no 1099 forms) $_____
5. Retirement / Pension / Investment $_____
6. Disabled Veteran Benefits $_____
7. Housing benefits (HUD, Section 8) *(Not Happy Choice Voucher)* $_____
8. Other (Specify) $_____

Self-Declarations are not accepted as proof or lack of income.
DO NOT SUBMIT: bank statements, tax returns, copies of EBT or Medicaid cards as proof.
*If $0 income, and you live in a house or apartment, indicate how rent / utilities are paid.

You may be required to submit a current Lifetime Earning Record/Social Security Statement and a Benefit Verification Statement available from www.ssa.gov.

Additional documentation may be required to determine household income.

Transportation Disadvantaged Application
BUS PASS PROGRAM
Broward County Transit

VETERAN'S INFORMATION

Are you a United States veteran? YES ____ NO ____

If YES, attach Proof of Honorable Discharge (DD 214).
Need a copy of your Discharge?
Contact Broward County Elderly and Veterans Services by calling 954-357-6622.

HOUSEHOLD MEMBERS (RELATIVES)

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER

I choose to pick up my TD bus pass at 1 N University Drive in Plantation by the end of each month. I understand that only I, the eligible customer, can pick up my bus pass each month. ___YES ___ NO

REQUIRED: Current government issued ID with Broward County address OR current government issued ID with proof of Broward County residency. Accepted documents include: lease or utility bill in applicant's name or if unhoused a homeless verification letter.

I certify, to the best of my knowledge, that the information in this application is true and correct. I understand providing false or misleading information or making false statements on behalf of others constitutes fraud, is considered a felony under the laws of the State of Florida and may result in a reevaluation or revocation of my eligibility.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Preparer (if other than applicant) Date

_____ _____
Print Name (Preparer) Relationship

Additional documentation may be required to determine current eligibility.
If submitting an application in person, applicants must bring government issued identification which will be copied by office staff.

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