IAPCC PARTICIPANT APPLICATION FORM

LAST NAME: | | | | | | | | | | | | | | | | MIDDLE INITIAL | |

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

FIRST NAME: | | | | | | | | | | | | | | | |

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

ADDRESS: STREET NUMBER | STREET ADDRESS | APT. NO.

CITY: ZIP:

DATE OF BIRTH: MONTH - DAY - YEAR

PHONE: AREA CODE - - SOCIAL SECURITY #: - -

WAIVER STATEMENT

This is an agreement between the subsidizing sponsor and the participant.

I agree that the information contained on this form will only be used to determine my eligibility status for receiving fare subsidy coupons from the subsidizing sponsor and for billing and program monitoring purposes.

I have received and understand the sponsor's program eligibility criteria and agree to abide by the program requirements adopted by the same sponsoring agency.

Consumer Signature: ______________________ Date: ______________

For Sponsor Use

Sponsor: ______________________ Township: ______________

Approved: ______________________ Date: ______________

For Office Use

SPONSOR + FORM NO. + MO. APPROV. + YR. APPROV.

I.D. CARD NO.

2nd Card issued/mailed ______________

Payment ______________

Card Issued ______________ Record Entered ______________

3rd Card issued/mailed ______________

Date Mailed ______________

Payment ______________