

Hillsborough County Sunshine Line

Application for HARTPlus Riders

Use ONLY when it is not possible to call Sunshine Line for pre-screening

To apply for HARTPlus Passes complete this form & return it to Hillsborough County Sunshine Line.

Name _____

Address: **(Include Apt, Lot #s)**

Mailing Address if different:

Phone Number: _____

Date of Birth _____

Social Security Number: _____

Male Female

Emergency Contact: _____

Emergency Contact #: _____

Please list **all other members of your household** and their monthly income. Attach additional sheets if necessary. **Proof of income must be included with completed application.**

Name	Date of Birth or SSN	Relationship

Income Source	Amount Received per Month for each Household Member			
	Self	Name:	Name:	Name:
Employment	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security/SSI/SSD	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Food Stamps/SNAP	\$	\$	\$	\$
Housing(HUD,Section 8)	\$	\$	\$	\$
Child Support/alimony	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Total _____	\$	\$	\$	\$
Total Household income : \$				

Expenses: Write the amount your household usually spends per month for each item	
Rent/Mortgage	\$
Electric	\$
Phone	\$
Food	\$
Medication/Medical Supplies	\$
Transportation	\$
Other _____	\$
	\$
	\$
Total Expenses	\$

What other means of transportation are available for you to use? _____

Do you have a Medicare Advantage Plan (Medicare Part C)? Yes No

Does it cover transportation to medical appointments? Yes No

Do you have other health insurance that covers transportation to medical appointments? Yes No

Does anyone in the household have a car? Yes No

If yes, can it be used for your transportation? Yes No

If no, explain why _____

By signing this application I am stating that all information in this application is true, complete and correct. I certify that this includes all income sources for the entire household.

Signature _____

Date: _____

Name and Signature of person preparing form if not applicant:

Signature: _____ Printed Name: _____

Please mail form along with copies of documentation showing proof of household income and HARTPlus eligibility to the address below:

**Hillsborough County Sunshine Line
2709 E. Hanna Avenue
Tampa FL 33610**

Acceptable Documentation:

Income: Documentation for all source of household income including:
Award letter for Section 8, Food Stamps, Social Security and other assistance, or
1st page of tax return, or
If no income: signed letter on agency letterhead verifying no income
or signed self-declaration form

HARTPlus: ID card

For Staff Use Only: Approved Denied (reason: _____)

Follow-up: _____

date _____

initials _____