

Hillsborough County Sunshine Line

Application for Transportation Disadvantaged Program

**\*Use this form ONLY when it is not possible to call Sunshine Line for pre-screening\***

Name \_\_\_\_\_

Address: (Please include Apt, Lot #s)

Mailing Address if different:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Male  Female

Emergency Contact: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Do you have a mental, developmental or physical disability?  Yes  No

What is your disability? \_\_\_\_\_

Do you use a wheelchair or other mobility aide? Please check all that apply

Wheelchair  Walker  Scooter  Cane or Crutches

Other \_\_\_\_\_

Do you have a  HART disabled ID  HARTPlus ID  Neither

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 | Relationship |
|------|---------------|--------------|
|      |               |              |
|      |               |              |
|      |               |              |
|      |               |              |

| Income Source           | Amount Received per Month for each Household Member |       |       |       |
|-------------------------|---|-------|-------|-------|
|                         | Self  | Name: | Name: | Name: |
| Employment              | \$  | \$    | \$    | \$    |
| Unemployment            | \$  | \$    | \$    | \$    |
| Social Security/SSI/SSD | \$  | \$    | \$    | \$    |
| Retirement/Pension      | \$  | \$    | \$    | \$    |
| Child Support/alimony   | \$  | \$    | \$    | \$    |
| Veterans Assistance     | \$  | \$    | \$    | \$    |
| Other _____             | \$  | \$    | \$    | \$    |
| Other _____             | \$  | \$    | \$    | \$    |
|                         | \$  | \$    | \$    | \$    |
| TOTAL Income            | \$  | \$    | \$    | \$    |

Total Household income : \$ \_\_\_\_\_

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 your household have a car?  Yes  No

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

If no, explain why \_\_\_\_\_

Do you require an escort to ride with you?  Yes  No

*Please be advised that certain identifying information, including your name, will be provided to HART for requested bus passes. Florida has a very broad Public Records Law, and information you provide to Hillsborough County Sunshine Line is subject to disclosure pursuant to Chapter 119 of the Florida Statutes unless expressly exempted.*

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. I understand that any passes I receive are for my transportation only.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name and Signature of person preparing form if not applicant:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

|   |
|---|
| For Staff Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason: _____) |
| Follow-up: _____  |
| date _____ initials _____   |

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

Hillsborough County Sunshine Line  
PO Box 1110  
Tampa FL 33601

**Required Documentation**

Documentation for all sources of household income including:

Award letter for Social Security and other assistance,  
employment income, etc

or

1st page of tax return,

or

If no income: signed letter on agency letterhead verifying no income  
or signed Income Certification Form