



## HARDSHIP ASSISTANCE APPLICATION

To be considered for a financial hardship assistance for fares, the transportation rider needs to complete this application and provide appropriate documentation of proof of income. It will be compared to our official policy requirements and national poverty standards. Denials of this financial hardship assistance for fares will be in writing. For any questions regarding this program please email [Kimberly.Teegarden@dcco.net](mailto:Kimberly.Teegarden@dcco.net) or call 260-925-3311 and ask for the Transportation Director.

Please complete the following form, and submit all necessary supporting documentation to our Transportation Director. For your security, we recommend that this sensitive information be delivered in person to our place of business.

**Continued Eligibility: The applicant will be able to have access to the financial assistance for 1 month. After a month the rider will need request they are still needing financial assistance with the Transportation Director.**

*All information relating to this application are kept completely confidential and will only be used to determine eligibility.*

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Contact: \_\_\_\_\_

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**Please answer all the following questions:**

Employment Status:  Employed  Unemployed. If so, how long? \_\_\_\_\_  Retired  Disabled  
Number of family members or others living in the household: \_\_\_\_\_

Briefly explain why you are unable to pay for transportation fares:

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**Please submit one of the following documents:**

- Copies of pay-stubs (3 months)
- Copy of bank statements (3 months)
- Employment verification letter including YTD earnings and pay rate.

If seeking further financial assistance after the one month of approval a month of one of the following documents will be requested.

I certify that the information on this form and supporting documentation is true and correct. I authorize DeKalb County Council on Aging - DART Transportation to verify any information contained in this document for the sole purpose of assessing financial need.

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Applicant Signature

Date

**For Office Use Only – DO NOT WRITE IN THIS BOX**

Document received on \_\_\_\_\_ (date) by \_\_\_\_\_  
(Name/Title)

Application  Approved  Denied by \_\_\_\_\_  
(signature of Transportation Director)

Notification sent to Applicant on \_\_\_\_\_ (date)

Application Filed by \_\_\_\_\_