

Low Income Fare is Easy (LIFE) Program Application

Application Number

The LIFE Program helps qualifying LA County residents save on fares.

To complete the application, please have the following:

- > Photo ID
- > You have the option to self-certify or provide proof of income, such as:
 - Medi-Cal, EBT, any proof of public benefit, Social Security award, check stub or tax return
 - Or
 - Complete **Self-Certification** in Section 3

1. Head of household information

Last Name	First Name	Middle Name or Initial
Street Address		Apt #
City, State, Zip		Birth Date (mm/dd/yyyy)
E-mail		Telephone Number
<input type="checkbox"/> If you don't have a TAP card, check here to request one.		
TAP Card Number		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		
Ethnicity: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		

2. Additional household member information

For each applicant from your household, complete one section below. Add additional sheets of paper as necessary.

Last Name	First Name	Middle Name or Initial	Birth Date (mm/dd/yyyy)
<input type="checkbox"/> If you don't have a TAP card, check here to request one.			
TAP Card Number			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____			

Last Name	First Name	Middle Name or Initial	Birth Date (mm/dd/yyyy)
<input type="checkbox"/> If you don't have a TAP card, check here to request one.			
TAP Card Number			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____			



International Institute of Los Angeles

3. Program eligibility

LIFE discounts are available to LA County residents whose household income levels are below the Federal HUD Poverty Guidelines for LA County. The figures below are valid from July 1, 2023, to June 30, 2024. Please select your annual household income.

Persons in household – Maximum Annual income

1 – \$44,150 2 – \$50,450 3 – \$56,750 4 – \$63,050 5 – \$68,100 6 – \$73,150

Self-Certification (select if proof of income is unavailable)

By checking this box, I confirm that the income level I selected above is correct. I understand that in the future, I may be asked to provide proof of income. I agree that if I do not provide proof of income, my benefits may be terminated in the LIFE Program.

As head of household participating in the Low-Income Fare is Easy (LIFE) Program, I affirm that I am 18 years or older and that the information provided on this application for myself and my household, including the annual household income, is true and correct. I understand that the LIFE Program reserves the right to verify my household income, and I will notify the LIFE Program if I or any household member no longer qualifies for the LIFE discount.

I acknowledge that neither I nor any household member is participating in the LIFE Program under a different name. I also understand that neither I nor any household member can be part of any other program that discounts passes including, but not limited to, Access Paratransit, City Ride, and/or other transportation discount programs. I understand that my first name, last name, address, phone number, email address, birthday, gender, income bracket and number of household members will securely be stored in the LIFE database and only accessed by participating LIFE agencies.

By failing to adhere to the above terms and conditions, I or any household member will be disqualified from participating in the LIFE Program.

By checking this box, I hereby agree to receive communication regarding Metro products or services.

Applicant Signature

Date

To be completed by distributing agent only.

Head of Household

Pass Type: Regular Senior/Disabled K-12 College/Vocational
Identification: Photo ID Passport Student ID Resident

Applicant 1

Pass Type: Regular Senior/Disabled K-12 College/Vocational
Identification: Photo ID Passport Student ID Resident

Applicant 2

Pass Type: Regular Senior/Disabled K-12 College/Vocational
Identification: Photo ID Passport Student ID Resident

Valid proof of income reviewed:

Check Stub Medi-Cal Electronic Benefit Transfer (EBT)
 Social Security Award Tax Return Free-Reduced Lunch Document Other

I verify that the identity of the applicant and that the annual household income (AHI) listed above is true and correct. I further affirm that I have personally reviewed and approved documentation provided by the applicant that supports the information and AHI listed above.

Agent Name

Signature

Date

Submit completed applications at Metro Customer Centers, Big Blue Bus Transit Store, FAME or IILA.

Residents of Antelope Valley, South and Central Los Angeles,
San Fernando Valley, Santa Clarita Valley, South Bay or Westside Cities:

FAME
1968 W Adams Bl
Los Angeles, CA 90018
Phone: 323.870.8567
Email: lifainfo@famecorporations.org
Online: famecorporations.org/programs

Residents of Gateway Cities or San Gabriel Valley:

IILA
9060 Telstar Av, Suite 223
El Monte, CA 91731
Phone: 818.244.2550
Email: lifainfo@iilosangeles.org
Online: iilosangeles.org/service/social-services

For more information, visit metro.net/LIFE.

