

Low-Income Fare is Easy (LIFE) Program Application

Application Number

The LIFE Program helps qualifying LA County residents save on paying their 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
 - If proof of income is unavailable, 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: _____ | | |

To be completed by distributing agent only.

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

2. 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: _____ | | | |

To be completed by distributing agent only.

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



International Institute
of Los Angeles

Last Name First Name Middle Name or Initial Birth Date (mm/dd/yyyy)

If you don't have a TAP card, check here to request one.

TAP Card Number

Gender: Male Female Other: _____

To be completed by distributing agent only.

Pass Type: Regular Senior/Disabled K-12 College/Vocational

Identification: Photo ID Passport Student ID Resident

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, 2021, to June 30, 2022. Please select your annual household income.

Persons in household – Maximum Annual income

1 – \$41,400 2 – \$47,300 3 – \$53,200 4 – \$59,100 5 – \$63,850 6 – \$68,600

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

By checking here, this serves in lieu of providing income documentation, but household member(s) must be willing to provide documentation if requested. I certify that my income information is accurate. I agree to provide, upon request, documentation on all income sources to Metro or the LIFE Program Administrators. I also acknowledge that failure to provide such information may result in termination of benefits 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.

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

For more information, visit metro.net/LIFE or contact FAME Assistance Corporation (FAC) at 323.870.8567 or International Institute of Los Angeles (IILA) at 818.244.2550.