

# Low-Income Fare is Easy (LIFE) Program Application

Valid July 1, 2021, to June 30, 2022

Application Number

## 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
_____ School (kindergarten–university, if applicable)		
_____ 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:  Valid Government ID/DL  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)
_____ School (kindergarten–university, if applicable)			
_____ 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:  Valid Government ID/DL  Passport  Student ID  Resident

_____ Last Name	_____ First Name	_____ Middle Name or Initial	_____ Birth Date (mm/dd/yyyy)
_____ School (kindergarten–university, if applicable)			
_____ 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:  Valid Government ID/DL  Passport  Student ID  Resident

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

\_\_\_\_\_  
School (kindergarten–university, if applicable)

\_\_\_\_\_  
TAP Card Number                                      Gender:     Male     Female     Other: \_\_\_\_\_

**To be completed by distributing agent only.**

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

**3. Program eligibility**

LIFE subsidies are available to LA County residents whose household income levels are below the Federal HUD Poverty Guidelines for LA County. Please select your annual household income.

**Persons in household – Annual income**

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

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 subsidy.

I acknowledge that neither I nor any household member is participating in the LIFE Program under a different name or surname. I also understand that neither I nor any household member can be part of any other program that subsidizes passes including, but not limited to, Access Paratransit, City Ride, and/or other transportation subsidy 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



International Institute of Los Angeles