



## Pass Application Form

 <b>Transit Hotline</b> (319) 626-5918	 <b>Email</b> <a href="mailto:transit@northlibertyiowa.org">transit@northlibertyiowa.org</a>	 <b>Website</b> <a href="http://northlibertyiowa.org/transit">northlibertyiowa.org/transit</a>
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### PURPOSE

The focus of the City of North Liberty Transportation Assistance Program (NLTAP) is to assist eligible residents who may - for various reasons - be unable to travel to important destinations in and near North Liberty for essential quality-of-life services.

### APPLICANT IDENTIFICATION INFORMATION

**Must provide one of the following proof of identification photo documents (current and not expired):**

- U.S. Driver's License
- U.S. Non-Driver's ID card
- U.S. or foreign Passport
- U.S. Permanent Resident card
- Johnson County Iowa Community ID
- Consular ID

**Must provide one of the following proof of residency documents with applicant name and home address:**

- Utility bill (dated within last 30 days);
- Insurance bill (dated within last 30 days);
- Bank statement (dated within last 30 days);
- Employment pay stub (dated within last 30 days);
- Local property tax statement (dated for present year);
- Mortgage payment receipt (dated within last 30 days);
- Voter registration card (current);
- Jury summons or court order issued by a state or federal court (dated within last 30 days);
- Rental agreement (dated for present year);
- Mobile home lot payment receipt (dated within last 30 days); or
- Vehicle registration (dated for present year).

**NAME**

**HOME ADDRESS**

**NORTH LIBERTY, IA 52317**

**BIRTH DATE**

**PHONE #**

**E-MAIL optional**

**If applicant required the assistance of a preparer to fill out application, complete the information below.**

**PREPARER'S NAME**

**RELATIONSHIP TO APPLICANT**

**E-MAIL optional**



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#### EMERGENCY CONTACT INFORMATION

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NAME

PHONE #

RELATIONSHIP TO APPLICANT

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#### TRANSPORTATION NEEDS ASSESSMENT

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IS APPLICANT ENROLLED IN OTHER TRANSPORTATION SERVICES, SUCH AS JOHNSON COUNTY SEATS, UNITED WAY RSVP, OR TRAIL OF JOHNSON COUNTY? Y      N

IF YES, LIST SERVICES.

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#### APPLICANT'S PRONOUNS

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SHE/HER/HERS

HE/HIM/HIS

THEY/THEM/THEIRS

OTHER

#### IF APPLICANT HAS LEGAL DEPENDENTS

under 18 years old

**Must be legal dependent(s) of applicant and provide documentation of dependent status (for example, a birth certificate).**

Dependents must ride with eligible adult; cannot ride alone. Vehicle size will limit the number of dependents that can safely ride with the applicant for each trip. Vehicles are not equipped with child seats. Applicant must provide a size appropriate, unexpired child restraint system for any rider six years old and under; must be a rear facing child restraint system for any child less than one year old and weighing less than 20 pounds.

NAME

1

BIRTH DATE

NAME

2

BIRTH DATE

NAME

3

BIRTH DATE

NAME

4

BIRTH DATE



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### ELIGIBILITY only complete one of the three boxes below

#### OPTION A NO PERSONAL VEHICLE

DOES APPLICANT OWN A VEHICLE,  
REGISTERED IN THEIR NAME? **Y** **N**

IF YES, WHY IS  
APPLICANT UNABLE TO  
USE THIS VEHICLE?

#### OPTION B INCOME STATUS

**Must provide official documentation for any benefits or income listed below.  
Date on documentation must be within the past two months.**

**APPLICANT'S HOUSEHOLD RECEIVES THE FOLLOWING.** Check all that apply.

CHILD CARE VOUCHER	PUBLIC HOUSING VOUCHER (SECTION 8)		
FIP (FAMILY INVESTMENT PROGRAM)	SNAP (FOOD ASSISTANCE PROGRAM)		
LIHEAP (LOW INCOME ENERGY ASSISTANCE)	TANF (TEMPORARY ASSIST NEEDY FAMILIES)		
MEDICAID OR MEDICARE	WIC (WOMEN, INFANTS & CHILDREN)		
OTHER	If applicant does not currently receive any of the above assistance, then they could qualify based on annual gross income. Limit is set at 185% of the Federal Limit, but not exceeding 85% of the North Liberty Median Income from the most recent census.	Household Size	Gross Annual Income
		1	\$23,828
		2	\$32,227
		3	\$40,626
		4	\$49,025
		5	\$57,424

#### OPTION C DISABILITY PERMANENT OR D TEMPORARY

**Must provide note from physician attesting to the following answers.  
If necessary, new applicants may receive a temporary transportation pass valid for  
30 days to allow for the note to be obtained.**

DOES APPLICANT HAVE A MEDICAL CONDITION (PHYSICAL OR  
MENTAL) WHICH CONSTITUTES A SUBSTANTIAL HANDICAP? **Y** **N**

DOES APPLICANT HAVE A MOBILITY AID? **Y** **N**

IF YES, DESCRIBE.

IS THE NATURE OF THE MEDICAL  
CONDITION TEMPORARY OR PERMANENT? **TEMPORARY** **PERMANENT**

IF TEMPORARY, DATE CONDITION IS  
EXPECTED TO RESOLVE.



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### CONSENT, ACKNOWLEDGEMENT, AND AUTHORIZATION

The undersigned applicant (the "Applicant") authorizes the City of North Liberty, Iowa, to contact any service or benefit providers indicated in this application for the purpose of verifying the documentation provided, and to verify Applicant's eligibility for the North Liberty Transportation Assistance Program ("NLTAP").

Applicant agrees that membership in NLTAP, if approved, is effective only for the period that the applicant qualifies to receive services, and that membership in NLTAP must be renewed on an annual basis or upon termination date of a temporary pass, whichever happens first.

Applicant understands and agrees that the City of North Liberty may terminate the Transportation Assistance Program for any reason. In the event the Transportation Assistance Program is terminated, the City of North Liberty will mail a written notice to the address on this application at least 10 days prior to the termination date. Applicant hereby specifically waives any claim or cause for damages resulting from the cancellation or discontinuation of the Transportation Assistance Program.

By submitting this application, the Applicant attests that all statements on this application are true and correct, and agrees that intentionally false statements made on this application will be grounds for the City of North Liberty to deny the application or to cancel Applicant's membership in NLTAP.

Applicant agrees that they have reviewed the NLTAP Program Information, Cardholder User Guide, and Code of Conduct documents, and agrees to abide by the terms contained therein, including all program rules and restrictions as may be modified from time to time.

Applicant acknowledges that NLTAP passes are for the exclusive use of NLTAP members, and may not be shared. Applicant agrees that, if applicant's pass is lost or stolen, to the applicant will report that loss immediately. Applicant understands that violation of any of these terms will result in the immediate cancellation of Applicant's membership in NLTAP.

If this application is signed by a preparer ("Preparer") on behalf of the Applicant, Preparer affirms that Applicant understands and agrees to the terms of membership described in this application, and that the application was prepared at Applicant's direction.

**PRINT APPLICANT'S  
NAME**

**APPLICANT'S (OR  
PREPARER'S) SIGNATURE**

**DATE**

It is the policy of the City of North Liberty, Iowa, not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, marital status, sexual orientation, and gender identity in its programs, activities, and employment practices. If you have questions related to this policy, please contact Human Resources Director Deb Hilton at dhilton@northlibertyiowa.org or (319) 626-5700.

### OTHER RESOURCES AVAILABLE:

**Senior Transportation Assistance**

RSVP through United Way of Washington & Johnson Counties  
TRAIL of Johnson County

unitedwayjwc.org or 319-338-7823  
trailofjohnsoncounty.org or 319-800-9003

**Local Transit Referrals, Education, Outreach, and Awareness**

Johnson County Mobility Coordinator  
Johnson County SEATS

johnsoncountyiowa.gov/mobility or 319-356-6090  
johnsoncountyiowa.gov/SEATS or 319-339-6127

**Need a Car Seat or Learn How to Properly Install One?**

Community Partnerships for Protecting Children  
North Liberty Police Department

johnsoncountyiowa.gov/ss/cppc or 319-339-6179  
319-356-6800 (non-emergency number)