



NLTAP Application Form

 Transit Hotline (319) 626-5918	 Email transit@northlibertyiowa.org	 Website northlibertyiowa.org/transit
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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

At onboarding appointment, applicant will be asked to provide one of the following proof of identification documents with photo (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

At onboarding appointment, applicant will be asked to 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 #

TEXT OK?

YES

NO

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

NAME

PHONE #

RELATIONSHIP TO APPLICANT

TRANSPORTATION NEEDS ASSESSMENT

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.

APPLICANT'S COURTESY TITLE

SHE/HER MS.

HE/HIM MR.

THEY/THEM MX.

OTHER _____

IF APPLICANT HAS LEGAL DEPENDENTS

under 18 years old

Must be legal dependent(s) of applicant. At onboarding appointment, applicant will be asked to provide documentation of dependent status.

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.

1 NAME
 BIRTH DATE

2 NAME
 BIRTH DATE

3 NAME
 BIRTH DATE

4 NAME
 BIRTH DATE



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

CATEGORY A NO PERSONAL VEHICLE

1

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

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

or

CATEGORY B INCOME STATUS

APPLICANT'S HOUSEHOLD RECEIVES THE FOLLOWING: (check all that apply)

2

CHILDCARE 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)

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, which is \$85,167.

Household Size	Gross Annual Income (2024)
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673

or

CATEGORY C **DISABILITY PERMANENT** OR D **TEMPORARY**

please do not share any sensitive medical information on this form

3

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

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

IF TEMPORARY, DATE CONDITION IS
EXPECTED TO RESOLVE.

CURRENT MOBILITY

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

IF USES
MOBILITY AID,
DESCRIBE THE
TYPE(S) USED.

SELECT ONE THAT BEST DESCRIBES NEED:

APPLICANT NEEDS ACCESS TO A
WHEELCHAIR-ACCESSIBLE TAXI VEHICLE.

APPLICANT CAN GET INTO AND OUT OF
REGULAR TAXI VEHICLES WITH NO ISSUE.

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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 (free non-emergency medical transport for 55+) unitedwayjwc.org or (319) 338-7823
TRAIL of Johnson County (requires paid membership) trailofjohnsoncounty.org or (319) 800-9003
AbbeHealth Aging Services (free for 60+) (319) 398-3644

Local Transit Referrals, Education, Outreach, and Awareness

Johnson County Mobility Coordinator johnsoncountyiowa.gov/mobility or (319) 356-6090
Johnson County SEATS Paratransit johnsoncountyiowa.gov/SEATS or (319) 339-6127

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

Community Partnerships for Protecting Children johnsoncountyiowa.gov/ss/cppc or (319) 339-6179
North Liberty Police Department (319) 356-6800 (non-emergency number)