

City of Alameda Paratransit Program Transportation Scholarship Fund

Dear Applicant:

Are you having a difficult time keeping up with transportation expenses? The City of Alameda, through Measure B monies, offers limited matching funds through the **TRANSPORTATION SCHOLARSHIP FUND** to assist individuals with the expense of Premium Taxi Service and MRTIP vouchers.

To be eligible, you must:

- Be an Alameda Resident
- Be Certified for the Premium Taxi Service
- Meet the Very Low Income Requirements

For example, a one-person family with an annual income of \$32,750 or less, or a four-person family with a total income not exceeding \$46,750 would be considered eligible.

A limit of \$50 in **matching** funds per family is available each fiscal year (July 1 through June 30) **as long as funds are available**. *Proof of income is required* (e.g., SSA/SSI award letter, paycheck stubs, etc.) and income verification cannot be older than 60 days.

Applications will be considered on a first-come, first-served basis. Please return completed application to:

Mastick Senior Center
1155 Santa Clara Avenue
Alameda, CA 94501

If you have any questions, please call the Mastick Office at (510) 747-7513.

Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, age, disability, medical condition or marital status.

In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Recreation and Park Department/Mastick Senior Center with advance notice and every attempt will be made to consider your request.

How did you learn about the Transportation Scholarship Fund?

Please check one:

_____ Alameda Recreation & Parks Activity Guide _____ Alameda Sun
_____ Alameda Journal _____ Mastick Bee _____ On-line Publication _____ Other

**City of Alameda Paratransit Program
TRANSPORTATION SCHOLARSHIP FUND APPLICATION**

The *Transportation Scholarship Fund* provides matching funds of \$50 per family for the following transportation programs: Premium Taxi Service and MRTIP. This assistance is offered annually based on available funding.

CONFIDENTIAL INFORMATION:

Date _____

Applicant's Name _____

Address _____ Home Phone _____

Employer's Name (if applicable): _____

Employer's Address _____ Employer's Phone _____

Proof of Income:

Our family income includes: (please circle)

Wages

TANF

SSA

SSI

Pension

Other _____

1. Please attach verification of all income sources (e.g., Wages, SSA, SSI, TANIF, Family Donations, etc.). Income verification cannot be older than 60 days.

INCOME ELIGIBILITY CRITERIA:

Family Income Limits:

Household Size

1

Income Limit

\$32,750

2

\$37,400

3

\$42,100

Number of Adults in Household: _____ Annual Family Income: \$ _____

Number of Children in Household: _____ (if applicable)

I hereby certify that the annual family income reported above represents all sources of income from employment, government assistance, and other sources.

Signature _____ **Date** _____