



## HARVEY INTERURBAN

800 N Main • PO Box 687 • Newton, KS 67114

Phone: (316) 284-6802 • Fax: (316) 284-6856

Toll Free: 866-680-6802 • [transportation@harveycounty.com](mailto:transportation@harveycounty.com)

Dear Rider,

To obtain your new discount ridership card, there are items you need to return to us.

- Please fill out the enclosed application form completely.
- Please enclose proof of entire gross income.

Examples of this are your most recent Income Tax Return, paycheck stub, Social Security Statement, SRS Statement verifying income, or any other documentation that proves all of your income.

- If you are under 60 years of age, please enclose a letter of disability from your medical doctor.

When you have all of this information, please return it to us using the address above. When the information is received and if all qualifications are met, we will mail your new card.

*Karen Kaufman*

Karen Kaufman

Transportation Coordinator

Card # \_\_\_\_\_  
Color: Yellow Blue  
Date \_\_\_/\_\_\_/\_\_\_

## Application for Subsidized Transportation

Harvey County residents who are low-income disabled **OR** low-income elderly (60 and over) may be eligible for subsidized transportation with Harvey County Transportation. If your total income falls below 185% of the national poverty level, the Board of County Commissioners has allocated tax dollars to pay a portion of your fare, with you responsible for paying the remainder of the fare. In order to receive the subsidy you must: 1) complete this application, 2) meet the age or disability guidelines (proof of disability required), and 3) meet the income guidelines (proof of income required). This subsidy is subject to funding availability (tax support is limited and subject to change). Please **PRINT** the following requested information.

Name: \_\_\_\_\_ Post Office Box: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please check one of the following: Elderly (60 & over) \_\_\_\_\_ Disabled \_\_\_\_\_

Please check the number of dependents in your family: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ Other \_\_\_

Name & phone number of legal guardian (if applicable): \_\_\_\_\_

**INCOME INFORMATION:** You must report **ALL** sources of income. Please list **MONTHLY** amounts. A copy of your pay stub, income tax return, social security statement or any other document verifying your income needs to be sent with this application.

Social Security Retirement (before Medicare deduction) \$ \_\_\_\_\_

Social Security Disability (current amount) \$ \_\_\_\_\_

Supplemental Security Income (current amount) \$ \_\_\_\_\_

Wages/Pension \$ \_\_\_\_\_

Interest earned on invested money/property \$ \_\_\_\_\_

Other income (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

By providing my signature below, I indicate that the above information is true and that my total income has been reported. I understand that if I am found eligible for subsidy from Harvey County, I will be issued a discount card which must be presented to the driver **EVERY TIME** I ride, along with my portion of the fare. If any of this information is found to be reported inaccurately, or if I allow anyone else to use my card, I will immediately be found ineligible for subsidy from Harvey County.

Signature of applicant or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_