



TRANSPORTATION DISADVANTAGED (TD) BUS PASS PROGRAM

Thank you for your interest in the Sponsored Bus Pass Program. GoPasco provides this program as part of The Florida Commission for Transportation Disadvantaged (TD) program. The Sponsored Bus Pass Program is for individuals prohibited from using the GoPasco fixed route bus service due to financial limitations.

Through the Sponsored Bus Pass Program, a monthly GoPasco fixed-route bus pass is provided at no charge to qualifying individuals who are financially prohibited from using the fixed-route system. Eligible recipients receive a bus pass via U.S. Mail. TD bus passes **cannot** be picked up at County facilities.

Eligibility – Sponsored bus pass services require each applicant to qualify under current Federal Poverty Level Guidelines, depending on the number of family members in the household, at the 125 percent level. GoPasco determines this via receipt of the documents outlined in section 1.

Please complete Sections 1 and 2. Completed TD applications **must** contain all requested information, be legible, and have **all** required identification and applicable financial supporting documents when submitted. If you do not provide all the requested information, GoPasco **cannot** process your application until **all** information is provided. This will delay your entry into the program.

Please mail or hand deliver the completed application to:

**GoPasco
8620 Galen Wilson Boulevard
Port Richey, FL 34668**

Please note: Applications cannot be submitted via fax or e-mail.



**TRANSPORTATION DISADVANTAGED (TD) APPLICATION
BUS PASS PROGRAM - GOPASCO**

Instructions: Complete Sections 1 and 2 and attach all required documents.

COPY OF CURRENT/VALID FLORIDA DRIVER'S LICENSE OR FLORIDA ID IS REQUIRED WITH APPLICATION (GOVERNMENT ID MUST INDICATE PASCO COUNTY ADDRESS TO VERIFY RESIDENCY)

SECTION 1 – GENERAL INFORMATION

Name of Applicant: _____

Address: _____ **Apartment:** _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Gender:** _____ Male _____ Female _____ Other

Primary Phone: _____ **Emergency Contact (Required):** _____

Relationship: _____ **Primary Phone:** _____

VETERAN'S INFORMATION

Are you a United States Veteran? YES _____ NO _____

If YES, type of Military Discharge:

Honorable _____

Other (Specify): _____

If YES, attach a copy of Discharge:

Need a copy of your Discharge?

Contact Pasco County Elderly and Veterans Services (727) 834-3282

SECTION 2 – HOUSEHOLD MEMBERS (RELATIVES)

Applications submitted without proof of income for all household members will not be approved until this is received.

How many people in household (including yourself): _____

List **ALL** household members (including yourself) on the chart below.

Acceptable proof of income forms include:

- 1st page of your tax return
- Two most recent pay stubs
- Unemployment Compensation Income Verification
- DCF cash benefit/child support Letter
- Social Security Income Verification
- Retirement/Pension Statement (includes VA)

All proof of income forms must be current (full page copies only, no originals).

If no one in your household has income, you must submit:

Access/DCF/SNAP or SSI/SSDI benefits statement showing eligibility dates.

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MONTHLY GROSS INCOME	DRIVERS LICENSE YES/NO	VEHICLE TYPE

I attest all information is correct and any changes will be reported to GoPasco immediately; if falsified, my sponsored bus pass will be suspended.

Signature: _____ Date: _____

If someone assisted the applicant with this form, please provide there name, phone number and signature:

Name: _____

Phone Number: _____

Signature: _____ Date: _____



**8620 Galen Wilson
Boulevard Port Richey, FL
34668
(727) 834-3322**