



# NOTA Application Passenger Information

Send to: 675 S. Glaspie Oxford, MI 48371 or email: mjoslyn@ridenota.org

Office Phone: (248) 693-7100 Website: www.ridenota.org

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Orion Oxford Addison Brandon Independence Springfield Oakland Twp Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled?: \_\_\_\_\_ Explain: \_\_\_\_\_

In case of emergency, Contact: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Companion Rider (18yrs+): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please select at least one to qualify: Senior Citizen (60 yrs +): \_\_\_\_\_ Disabled Person: \_\_\_\_\_ Low Income Qualified Resident: \_\_\_\_\_

Companion Rider: \_\_\_\_\_ Service Animal: \_\_\_\_\_ Youth \_\_\_\_\_ Race: (optional) \_\_\_\_\_

Mobility Devices: Wheelchair: \_\_\_\_\_ XL Wheelchair: \_\_\_\_\_ Scooter: \_\_\_\_\_ Walker: \_\_\_\_\_ NOTE: **For Safety reasons, All Mobility Devices** cannot be more that 33 inches wide and/or be more that 1,000 lbs including the Passenger while on the lift.

### For low income only, please certify (if you are not a senior or disabled):

I, \_\_\_\_\_, have earned \$ \_\_\_\_\_ Within the last 12 Months.

I have \_\_\_\_\_ members in my family (include yourself) I am supporting.

2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia Persons in family/household	150% Poverty Maximum
1	\$33,150
2	\$37,900
3	\$42,650
4	\$47,350

For each additional household member beyond 4 add \$4540

\_\_\_\_\_ I have read the NOTA guidelines and will follow them

\_\_\_\_\_ I have included a copy of a Driver's License, or other proof of residency with this form.

\_\_\_\_\_ I certify that the above information is correct and the address is where I reside, and I understand that submitting false information is just cause for refusal of service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_