



NOTA Application Passenger Information

Send to: 675 S. Glaspie Oxford, MI 48371
or email: dispatchers@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 _____ Twp Cell Phone: _____

Email: _____ Age: _____ Date of Birth: _____

Disabled?: _____ Explain: _____

In case of emergency, Contact: _____ Ph Number: _____

Companion Rider (18yrs+): _____ Date of Birth: _____

General Population rider (\$4/ride) _____ Reduced Fare Riders (\$2/ride) must qualify as one of the following:

Senior (55 yrs +): _____ Disabled Person: _____ Low Income: _____ Veteran: _____ (See requirements below)

Please select if applicable: Companion Rider? _____ Service Animal? _____ Youth? _____

Mobility Devices: Wheelchair: _____ XL Wheelchair: _____ Walker: _____

Scooter*: _____ *If riding a scooter, rider must be able to get out of scooter and sit in seat with seatbelt

For Safety reasons, All Mobility Devices cannot be more than 33 inches wide and/or be more than 1,000 lbs including the Passenger while on the lift.

For low income only, please certify (if you are not a senior, disabled or veteran): I, _____, have earned \$ _____ Within the last 12 Months.

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

Only for Low Income Riders - Max Income to qualify for Low Income per 2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia Persons in family/ household. For each additional household member beyond 4 add \$4800/per person.	150% Poverty Maximum
1	\$33,600
2	\$38,400
3	\$43,200
4	\$47,950

_____ I have read the NOTA guidelines and will follow them.

_____ If I am not wheelchair bound, I can board and exit and ride without assistance. I understand NOTA drivers can only offer limited assistance such as offering an arm when boarding and exiting.

_____ I have included a copy of a current Driver's License with address proving residency (or another form proving residency) of Orion, Oxford, Addison, Brandon, Independence or Springfield Twps

_____ If a veteran, please include either State veteran license or DD214 discharge form.

_____ If disabled, must include a signed professional verification 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: _____