



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 _____ 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 (55 yrs +): _____ Disabled Person: _____ Low Income: _____ Veteran: _____

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

Race: (optional) _____

Mobility Devices: Wheelchair: _____ XL Wheelchair: _____ Scooter: _____ Walker: _____ NOTE: **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 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia Persons in family/ household. For each additional household member beyond 4 add \$4540/per person.	150% Poverty Maximum
1	\$33,150
2	\$37,900
3	\$42,650
4	\$47,350

_____ 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: _____