



## TRANSPORTATION DISADVANTAGED (TD) BUS PASS PROGRAM

Dear TOPS! Applicant:

Thank you for your interest in TOPS! The Florida Commission for Transportation Disadvantaged (TD) program is one of the transportation programs provided by TOPS! The TD bus pass program is for eligible Broward County residents who are unable to use Broward County Transit's (BCT) fixed-route bus service as a result of having low income.

**Bus Pass Program:** A 31-day BCT fixed-route bus pass is provided to Broward residents at no charge. Eligible recipients receive bus passes via U. S. mail only. TD bus passes cannot be picked-up at County facilities.

**Eligibility:** The TD program is a "last resort" program for individuals in need of transportation and do not have access to any other transportation resource. We are required to make every effort to verify your income to determine eligibility. Blanks on your application are considered as incomplete and may affect the timeliness of eligibility determination. TD services require the applicant to qualify under current Federal Poverty Level Guidelines, depending on the number of family members in household, at the 225 percent level. *(see chart below)*

Persons in family/household	225% of 2024 Federal Poverty Guidelines
1	\$ 33,885.00
2	\$ 45,990.00
3	\$ 58,095.00

For households of more than three members please log onto our website at [www.broward.org/bct](http://www.broward.org/bct) to access the complete TD Income Guidelines chart.

Completed TD applications must contain all requested information. You are required to submit identification and applicable financial supporting documents when submitted. Self-declaration of income is not accepted.

***Complete application information prior to printing and submitting.***

**Mail to:** Broward County Transit - Paratransit Division  
1 N. University Dr., Suite 2400-B  
Plantation, FL 33324  
Information: 954-357-8400 FAX: 954-357-8345

### NOTICE OF COLLECTING SOCIAL SECURITY NUMBER (SSN) FOR GOVERNMENT PURPOSE

Broward County collects SSNs for different purposes. The Florida Public Records Law, Section 119.071(5), F.S. (2007) requires County to give you this written statement explaining the purpose and authority for collecting your SSN.

FORM	PURPOSE	AUTHORIZATION
TD Application	Conduct eligibility verification and monitor for system abuse	County policy (See Note)

**NOTE:** Broward County collects your SSN in the performance of a duty or responsibility County must complete in accordance with law or business necessity. In the event a law does not specifically provide County with the authority to collect your SSN, it is imperative County collect your SSN and this is expressly provided in section 119.081 (5)2.b.

**Transportation Disadvantaged Application  
BUS PASS PROGRAM  
Broward County Transit**

Office Use Only
Client ID: _____
Date Approved: _____
Date Denied: _____

**Instructions:**

Complete Sections 1 and 2. Attach all required documentation. Self-declaration of income is not accepted.

**A copy of your Current Florida Driver's License / Florida ID  
Showing a Broward County address is required.**

**SECTION 1 – GENERAL INFORMATION (PLEASE PRINT LEGIBLY)**

Name of Applicant: _____		Phone: _____	
Home Address: _____			
Mailing Address (if different): _____			
<b>If using an agency to receive mail, provide agency letter stating they will receive your mail</b>			
Is a vehicle registered in your name? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you drive? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of Birth: _____	Social Security Number: _____		
Are you receiving Medicaid? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, Medicaid #: _____		
Emergency Contact: _____		Phone: _____	
Number of <b>relatives</b> , including self, living in household: _____	Enter Total Annual Household Income Here ( <b>lines 1 through 8 below</b> ): _____		

**In order for us to determine your household income, please submit a copy of all current annual income/benefit(s) received by you and/or any relative(s) living in the residence. \***

- |  |          |
|--|----------|
| 1. Most recent pay stub with year-to-date reporting                      | \$ _____ |
| 2. DCF Benefits / Cash Assist. / Food Stamps with benefit amount         | \$ _____ |
| 3. Unemployment Compensation   | \$ _____ |
| 4. Social Security Awards Letter (SSA / SSI / SSDI)                      | \$ _____ |
| 5. Retirement / Pension / Investment                                     | \$ _____ |
| 6. Disabled Veteran Benefits   | \$ _____ |
| 7. Housing benefits (HUD, Section 8) ( <i>Not Happy Choice Voucher</i> ) | \$ _____ |
| 8. Other (Specify)   | \$ _____ |

**Self-Declarations are not accepted as proof or lack of income.**

**\*If \$0 income, and you live in a house or apartment, indicate how rent / utilities are paid (this includes balance remaining after rent subsidy).**

**Additional documentation may be required to support household income.**

**(OVER)**

**SECTION 1 – GENERAL INFORMATION (CONTINUED)****(PLEASE PRINT LEGIBLY)****VETERAN'S INFORMATION**

Are you a United States veteran?      YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, type of Military Discharge:

Honorable \_\_\_\_\_ General (Honorable Conditions) \_\_\_\_\_

**If YES, attach Proof of Honorable Discharge.**

Need a copy of your Discharge?

Contact Broward County Elderly and Veterans Services by calling 954-357-6622.

**SECTION 2 – HOUSEHOLD MEMBERS (RELATIVES)**

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER

Did you attach a copy of your FL ID or Driver's license?      Yes \_\_\_\_\_ No \_\_\_\_\_

Did you attach all required documents?      Yes \_\_\_\_\_ No \_\_\_\_\_

I certify, to the best of my knowledge, that the information in this application is true and correct. I understand providing false or misleading information or making false statements on behalf of others constitutes fraud, is considered a felony under the laws of the State of Florida and may result in a reevaluation or revocation of my eligibility.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Preparer (if other than applicant)\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name (Preparer)\_\_\_\_\_  
Relationship**Return to: Broward County Transit - Paratransit Division****1 N University Dr., 2400 - B, Plantation, FL 33324**