



# NOTA Application Passenger Information

Send to: 467 E. Jackson St., Lake Orion, MI 48362 or fax to: (248) 693-7270

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

Explain: \_\_\_\_\_

In Case of emergency, Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Companion Rider (**18yrs+**)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please select all that Apply:

Senior Citizen:      Disabled Person:      Low Income-Qualified Residents:

Companion Rider:      Youth:      Service Animal:

Response to Race (Required):

## Low Income Eligibility

I, \_\_\_\_\_, have earned \$\_\_\_\_\_ within the last 12 months.  
I have \_\_\_\_\_ members in my family (include yourself) I am supporting.

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	150% Poverty Maximum
1	\$24,850
2	\$28,400
3	\$31,950
4	\$35,450
5	\$38,300
6	\$41,150
7	\$44,000
8	\$46,800

For each additional household member add: \$6,240

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.