



NOTA Application Passenger Information

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

Office Phone: (248)693-7100

Name: _____ Today's Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Township: _____ Home PH: _____ Cell PH: _____

Email: _____ Age: _____ Date of Birth: _____

Disabled?: _____ Explain: _____

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

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

Please select all that Apply: Senior Citizen: _____ Disabled Person: _____ Low Income Qualified Resident: _____ Youth: _____

Companion Rider: _____ Service Animal: _____

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.**

Response to Race (Required): _____

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

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

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia Persons in family/household	150% Poverty Maximum
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,145

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

_____ 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.