



Application for the Transportation Disadvantaged (TD) Program

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The Transportation Disadvantaged Program provides lower-cost transportation for life-sustaining trips to Pinellas County residents whose gross household income is below 200% of poverty, and who do not have another way to take these trips.

To apply, complete and submit this application for **each** member of your household who needs this service (age 9 and up, children 8 and under ride free). Please provide copies as proof of income will not be returned.

Applications submitted without proof of income/no income for all household members will not be approved until this is received.

Acceptable forms of proof of income include current copies of:

- 1st page of your tax return
- Two (2) most recent pay stubs or employer letter
- Unemployment Compensation Income Verification
- DCF Cash Benefit/Child Support Letter*
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Retirement/Pension Statement (includes VA)

If no one in your household has income, you must submit either:

- Access/DCF/SNAP Benefits statement showing eligibility dates, or;
- a signed, dated letter on agency letterhead verifying that you have “no income”

City of St Petersburg residents: please include proof of residential address with your name & street address (not P.O. Box). Please submit one of the following:

- Driver’s License or State ID with current address
- Florida Voter Registration Card
- Selective Service Card
- Utility bill addressed with your name dated within 60 days of application date
- Mail from federal, state, county, or city government agencies (such as DCF, SSA, IRS, law enforcement)
- Medical or health card with address
- Current insurance policy with address
- Residential rental lease agreement
- Deed or mortgage documentation
- Proof of Homestead Exemption from the Pinellas County Tax Collector
- Pay stub or W2 that includes both your name and address
- Declaration of domicile

If you do not have a permanent address, you may submit a signed, dated letter on agency letterhead verifying that you live within the City of St Petersburg.

APPLICATION DATE: ____/____/____

DATE OF BIRTH ____/____/____



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FULL NAME
ON YOUR ID

STREET ADDRESS

CITY, STATE, ZIP
CODE

PHONE NUMBER

EMAIL ADDRESS

1. Do you have a car ride for your vital trips (work, food, Dr.)?

- Yes No

2. Do you qualify for free bus rides as one of the following:

- | | |
|--|---|
| <input type="checkbox"/> US Military Veteran | Student/employee of: |
| <input type="checkbox"/> City of St. Petersburg Employee | <input type="checkbox"/> Pinellas County Public Schools |
| <input type="checkbox"/> Student of MYcro School | <input type="checkbox"/> Pinellas Technical College (PTC) |
| <input type="checkbox"/> Program Participant of Ready for Life | <input type="checkbox"/> USF St. Petersburg |
| <input type="checkbox"/> Other employer program | <input type="checkbox"/> St. Petersburg College (SPC) |

3. Do you qualify for Medicaid free rides?

- Yes No

4. Do you have any physical or mental disabilities?

- Yes No

If yes, please explain briefly: _____

5. TD services include low-cost bus fares, Late Shift, in-county and cross-county trips if bus can't serve all of your priority trips:



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a) Do you need TD Late Shift to get to/from a current job between 10 pm – 6 am?

Yes No

b) Do you need TD door-to-door within Pinellas because bus can't meet your needs?

Yes No

c) Do you need TD Tampa Bay cross-county trips to Pasco or Hillsborough?

Yes No

NOTE: If you checked "Yes" to a), b), or c) above, call 727-540-1888, Option 4 in three business days to learn how to sign-up.

6. You MUST complete the table below for each immediate member of your household living together at the same address. For Monthly Gross Income, list all income by source and attach proof of income for each source as described below. Gross Income is before all taxes and withholding and includes pay, Social Security, Disability, Cash Benefits, and child support. You may attach additional pages if you need more lines to list your full household.

___ I am applying ONLY for TD Tampa Bay (cross-county trips) and I am currently eligible for PSTA Access (leave income chart blank without proof of income).

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MONTHLY GROSS INCOME

7. By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge; if falsified, my TD services will be suspended:

SIGNATURE: _____

DATE: ___ / ___ / ___