



Lake County Transit Division
Hardship Application

This form is to be used by persons requesting a waiver to the co-pay requirements for the Transportation Disadvantaged Program. **Please print the required information. If this form is not filled out completely, it will automatically be DENIED.**

1. Last Name: _____
2. First Name: _____
3. Street Address: _____
4. City: _____
5. Zip Code: _____
6. Telephone No.: _____
7. Date of Birth: _____
8. *Social Security Number: _____
9. Total number living in household (please list names and ages): _____

10. Do you drive? _____
11. What kind of car do you own? _____
12. Do you have any other means of transportation? _____
13. Please list your total household income per month: _____
14. What are your total monthly expenses?
Rent _____ Utilities _____
Groceries _____ Medical _____ Pharmacy _____
Other (describe) _____ Amount _____
Total Monthly Expenses: _____
15. How long will you need assistance with your co-pay? _____
16. What event or events caused you to be unable to meet your co-pay responsibility? _____

17. What is the nature of your trips? Medical _____ Grocery Shopping _____
 Employment _____ Educational/Training/Daycare _____ Other _____

18. How many times per week are you transported? _____

19. Have you tried to get assistance from any other source to pay your co-pay? If yes, please identify the source. If no, why not? _____

***COLLECTION OF SOCIAL SECURITY NUMBERS**

PLEASE NOTE: The Lake County Department of Community services collects social security numbers for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

I verify that the above information provided is factual and true.

Signature

Date

FOR OFFICE USE ONLY	
Application Reviewed by:	Date:
Application Approved:	Application Denied:
Date Approved:	Application Expires:
Approved with the following conditions:	
Reason request was denied:	