

# **TD** Tampa Bay

**Your Intercounty Connection**



## **Application for the TD Tampa Bay Program**

The TD Tampa Bay Program provides cross county, weekend, and after-hours trips to eligible transportation disadvantaged persons residing in Hernando, Hillsborough, Manatee, Pasco, and Pinellas Counties.

This application is for transportation through the TD Tampa Bay Program only. If you are seeking regular transportation disadvantaged services in the county of your residence contact:

- Hernando County - Mid Florida Community Services at (352) 799-1510.
- Hillsborough County - Sunshine Line at (813) 272-7272.
- Manatee County - Manatee County Area Transit at (941) 749-7116.
- Pasco County - Pasco County Public Transportation at (727) 834-3456 for West Pasco, (813) 235-6059 for Central Pasco, and (352) 521-4300 for East Pasco.
- Pinellas County - Pinellas Suncoast Transportation Authority at (727) 540-1900, ext. 6.

If you need further information or assistance in completing this application, please contact our office at 813-445-8895, or email TBARTA Project Manager Chris DeAnnuntis at [chris.deannuntis@tbarta.com](mailto:chris.deannuntis@tbarta.com)

Name (please print): \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Emergency Contact \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

1. Has the community transportation coordinator in the county of your residence approved your application to receive transportation disadvantaged services?

Yes

No

2. Do you have access to a car or a ride available for trips to work, medical, school, shopping, social activities, or other critical life-sustaining activities?

Yes, most of the time

No, not most of the time

3. Are you age 60 or older?

Yes

No

Please verify your age by providing a copy of one of the following: State Driver's License, Birth Certificate, Passport (current or expired), or Government issued identification with a date of birth.

4. Are you a person with a physical, intellectual, or developmental disability?

Yes

No

Please verify your disability by providing a copy of one of the following: Copy of disability card, Social Security Disability Verification, a disabled ID card from the transit authority in your county of residence, or other proof disability benefits.

5. Complete the table below for each member of your household (Yourself, spouse, parents, children, step and foster children, siblings, grandparents, grandchildren living 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 equals income before all taxes and other withholdings. Attach additional sheets if necessary.

Income Source	Amount Received per Month for each Household Member			
	<u>Self</u>	<u>Name / Relationship</u>	<u>Name / Relationship</u>	<u>Name / Relationship</u>
Employment	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security/SSI/SSD	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Food Stamps/SNAP	\$	\$	\$	\$
Housing (HUD, Section 8)	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>Total Income per person</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>Total Household Income</b>	<b>\$</b>	
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**Attach proof of each source of income listed above** for you and all members of your household to this completed application. **Please provide copies of each proof of income.**

**Acceptable forms of proof of income include current copies of:**

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

**If no one in your household has income, you must submit a proof of Food Stamp (SNAP) eligibility or a signed letter on agency letterhead verifying that you have no income.**

By signing this application, I am stating the information I have given is true and complete to the best of my knowledge. I certify that this includes all income sources for the entire household.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email the completed application and attach documentation showing proof of age, disability, or income (if applicable) to [TDTampaBayEligibility@uzurv.com](mailto:TDTampaBayEligibility@uzurv.com)

Or

Mail the completed application with copies of the required documentation to the address below:

**UZURV Eligibility Specialist  
413 Stuart Circle, Suite 100  
Richmond, VA 23220**