

SOU'WEST NOVA TRANSIT - FARE REDUCTION APPLICATION

At Sou'West Nova Transit, we are committed to helping residents of Shelburne County access essential services through affordable transportation. Please complete this application (or call to complete by phone, or complete online!) to help us determine if you qualify for fare discounts under our policies. *Feel free to attach additional pages if space below is not sufficient!*

Your name: _____ Year of birth: _____

Mailing Address: _____

Phone Number: (902) _____ Number of people in your home: _____

I am a veteran I am a Continuing Care client I travel for cancer treatment

What is your yearly HOUSEHOLD income (combined)? _____

Check if one or more household members receive assistance through the following program(s):

- | | |
|---|---|
| <input type="checkbox"/> Department of Community Services | <input type="checkbox"/> Guaranteed Income Supplement (GIS) |
| <input type="checkbox"/> Old Age Security (OAS) | <input type="checkbox"/> Disability benefits |
| <input type="checkbox"/> Canada Pension | <input type="checkbox"/> Other: _____ |

Proof of Income - All household members (Note: Line 236 is your NET INCOME for the year)

Applicant: Line 236 on Notice of Assessment: \$ _____ Year: _____

Other: Line 236 on Notice of Assessment: \$ _____ Year: _____

Other: Line 236 on Notice of Assessment: \$ _____ Year: _____

Did any household member claim interest/investment income (line 121) during the last tax filing? YES NO

If you answered "yes", please provide details:

Why are you applying for financial assistance? (To help us determine financial need)

PLEASE TURN OVER TO COMPLETE THE REVERSE OF THIS APPLICATION!

Do you or anyone in your household own a vehicle? YES NO

If yes, please explain why this vehicle is not being used to meet your transportation needs:

Reference Name: _____ **Phone #:** _____

- Community Services (DCS) case worker Continuing Care case worker Clergy
 Senior Services Representative Physician or Mental Health worker

If you are having trouble identifying a suitable reference, let us know! If you are a senior, Senior Services can assist you in filling out this form or by providing a reference - Call 1-800-565-0397!

I certify that the information I have provided on this application is **true and accurate**. I understand that SWNT reserves the right to **request more information** and supporting documents, and to provide or deny subsidy at their discretion based on current policies and funds available. **I give permission for my reference to be contacted** about my financial/health status.

Signature: _____ **Date:** _____

SPACE FOR ADDITIONAL INFORMATION - OPTIONAL

RETURN TO: Sou'West Nova Transit, Box 84, Barrington NS, B0W 1E0