

PEOPLE'S EXPRESS (877)214-6073
DOLLAR TO RIDE (CDBG) APPLICANT INFORMATION
(Return completed application with proof of income in envelope provided)

NAME _____

ADDRESS: _____

CITY _____ **ZIP** _____

HOME TELEPHONE # _____ **WORK#** _____ **EMERGENCY#** _____

Circle One the Township where you live:

Ann Arbor Twp. Bridgewater Twp. Northfield Twp. Pittsfield Twp. Salem Twp.
Scio Twp. Superior Twp. York Twp. Ypsilanti City. Ypsilanti Twp.

MARTIAL check one x

STATUS: _____ **Married** _____ **Single** _____ **Divorced** _____ **Widow** _____ **Separated**

DATE OF BIRTH: _____ **HOUSEHOLD SIZE:** _____

IS YOUR HOUSEHOLD, A FEMALE HEAD OF HOUSEHOLD: _____ **Yes** _____ **No**
Dependents - Yes _____ **No** _____ **If yes, how many** _____

ARE YOU PHYSICALLY OR OTHERWISE HEALTH IMPAIRED: _____ **Yes** _____ **No**
(persons eligible for Social Security disability benefits or whose health condition substantially impedes their ability to live independently)

RACE (MUST CHECK ONE)

American Indian/ Alaska Native _____, Asian _____, Black/African American _____, White _____,
Native Hawaiian/Other Pacific Islander _____, American Indian/Alaska Native & White _____,
Asian & White _____, Black/African American & White _____,
American Indian/Alaskan Native & Black/African American _____, or Other _____

MUST CHECK ONE

Hispanic or Latino _____ Not Hispanic or Latino _____

COMPLETE PAGE TWO ON THE REVERSE SIDE

Required: Submit proof of each type of income you list

Income information must be completed before approval

Types of proof we accept, current Social Security statement, Current pay stubs, Current bank statement.

List the monthly amount of ALL sources of income for yourself and any other occupants of your household (18 years and older).

	<u>Yourself</u>	<u>Other Occupants</u>
1. Wages and salaries	_____	_____
2. Social security, SSI, & Railroad Retirement Benefits	_____	_____
3. Disability Insurance/Worker Comp.	_____	_____
4. Pension/Annuity Benefits	_____	_____
5. Unemployment Insurance Benefits	_____	_____
6. Alimony	_____	_____
7. Child Support	_____	_____
8. Family Independence Assistance	_____	_____
9. Other Public Assistance Payments (food stamps, utility payments)	_____	_____
10. Interest and Dividends	_____	_____
11. Rental Income	_____	_____
12. Net Farm Income	_____	_____
13. Royalties/Net Business Income	_____	_____
14. Other sources of income	_____	_____
TOTAL INCOME	_____	_____

I certify that the above statement(s) are true, accurate and complete.

SIGN HERE: Applicant Signature: _____ Date: _____

If someone other than the applicant prepares this application, the person preparing this must sign below. I certify that the statements made herein are based upon information given me by the borrower(s) and are accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

Office use only***THIS APPLICATION WAS APPROVED ON DATE _____

AUTHORIZED PEOPLES EXPRESS SIGNATURE _____