

# METRO Bus Passes CDBG Program – 2017 Application

Funding for this program is partially paid by a grant from the U.S. Dept. of Housing & Urban Development (HUD). We must ensure the majority of the users of the service meet Federal income guidelines. *Please fill out this form to assist us with this effort. \*Your personal information will be kept strictly confidential\**

**1. Please check only one household size and the income range of your total household income:**

<input type="checkbox"/> Household of 1	<input type="checkbox"/> \$0- \$16,250	<input type="checkbox"/> \$16,251-\$26,900	<input type="checkbox"/> \$26,901-\$43,050	<input type="checkbox"/> \$43,051 +
<input type="checkbox"/> Household of 2	<input type="checkbox"/> \$0- \$18,450	<input type="checkbox"/> \$18,451-\$30,750	<input type="checkbox"/> \$30,751-\$49,200	<input type="checkbox"/> \$49,201 +
<input type="checkbox"/> Household of 3	<input type="checkbox"/> \$0- \$20,750	<input type="checkbox"/> \$20,751-\$34,600	<input type="checkbox"/> \$34,601-\$55,350	<input type="checkbox"/> \$55,351 +
<input type="checkbox"/> Household of 4	<input type="checkbox"/> \$0- \$24,300	<input type="checkbox"/> \$24,301-\$38,400	<input type="checkbox"/> \$38,401-\$61,450	<input type="checkbox"/> \$61,451 +
<input type="checkbox"/> Household of 5	<input type="checkbox"/> \$0- \$28,440	<input type="checkbox"/> \$28,441-\$41,500	<input type="checkbox"/> \$41,501-\$66,400	<input type="checkbox"/> \$66,401 +

**2. Please check your Ethnicity (pick 1 of 2):**

Hispanic or  Non-Hispanic

**3. Please check your Race (pick 1 of 10 choices):**

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Black or African American              |
| <input type="checkbox"/> Asian & White                             | <input type="checkbox"/> American Indian or Alaskan Native      |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Black/African American & White            | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> American Indian/Alaskan Native & Black |

**4. Check all that apply within your household:**

Disabled  Female Head of Household

**5. Check all that apply:**

Freeport Resident  Yarmouth Resident  Freeport Employee\*  Yarmouth Employee\*

\*Please list place of employment: \_\_\_\_\_

**5. APPLICANT STATEMENT:** I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the Town, Cumberland County, or the U.S. Department of Housing & urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

X \_\_\_\_\_  
Participant Name Address (include town) Phone

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

Please return completed application form to: Town of Freeport, 30 Main Street, Freeport, Maine 04032 or [jhanselman@freeportmaine.com](mailto:jhanselman@freeportmaine.com). Questions? 207-865-4743 x120