

PROGRAM INFORMATION

- The Elderly Transportation Program provides basic transportation assistance to low-income Killeen residents who are 62 years of age or older who have very limited access to transportation.
- **Program funding is limited. Eligible applicants will be approved based on a sliding scale with assistance provided first to persons having the lowest gross annual income level (0-30% AMI) gradually ascending to persons having the highest gross annual income level (50-80% AMI); HUD income guidelines are adjusted annually.**
- The program is funded, in whole or in part, by the Community Development Block Grant (CDBG) – from the U.S. Department of Housing and Urban Development (HUD) and other local, state and federal funds.
- The program will begin in October 2020 and end on September 30, 2021.
- Income eligibility levels are determined annually by HUD. This program's income guidelines are based on guidelines effective April 1, 2020.

APPLICANT ELIGIBILITY

1. Age 62 or more as of October 1, 2020.
2. Reside within the corporate city limits of Killeen.
3. Have a total gross annual income at or below 80% of the area median income as adjusted for household size as determined by HUD.
4. Be a US citizen or permanent resident alien and provide proof with a photo identification issued by a governmental or state department or agency of the United States.

APPLICATION INFORMATION

- **Applications will be available on September 14, 2020 and must be received by Community Development by October 2, 2020, 5:00 PM. Eligible applications received after due date will be placed on wait list based on the date and time received by Community Development.**
- Applicants must apply/reapply each year to establish eligibility and participate in the program.
- Applicants must provide necessary documents as proof of income to include, but not limited to: bank statements-checking and savings, pay stubs, benefit statements for Social Security, Supplemental Security Income (SSI) or Disability income, Pension and/or retirement income, alimony, child support, Temporary Assistance for Needy Families or other income statements.
- Each eligible member within a household wanting to participate in the program must submit a separate application with proof of income documentation.

TYPES OF TRANSPORTATION SERVICES

Transportation services depend upon available program funding and/or the transportation provider(s) contracting with the City. Please review the type of transportation services offered for the program year and select **ONLY ONE (1) type of service you prefer to use. The City of Killeen reserves the right to make final service determinations.**

1. **Curb to Curb (taxi) Transportation Services** – The City of Killeen contracts with a local company to provide service (7) seven days a week, (24) hours a day except for certain holidays. This service is limited to a specific number of rides per month and is limited to only specific locations within the Killeen city limits, Harker Heights, or Ft. Hood. This service may require combined use with other services within the program.
2. **Public Transit-Fixed Route Bus Services:** Transportation services are operated by Hill Country Transit District – the HOP. Buses operate Monday through Friday, no holidays. Access services at designated bus stops with pick-up on a fixed schedule. Each bus is wheelchair accessible. Multi-ride passes are issued by the program for this type of service per month.
3. **Special Transit Services (Para Transit Service):** Transportation services are operated by Hill Country Transit District. This program (STS) operates Monday through Friday, no holidays. This service assists qualified individuals who are unable to ride the fixed route bus system, including those who are unable to get to or from the bus stops, to board, ride, or disembark from the fixed route vehicles. **Applicants must apply for this service by calling the HOP office at 800-791-9601.** Multi-ride passes are issued by the program for this type of service.

APPLICATION FORM INSTRUCTIONS

Please print all information. Please review and fill in **ALL** information as requested. Provide the required documents necessary for proof of program eligibility.

1. Enter the applicant's first and last name.
2. Enter the applicant's current address and zip code.
3. Enter the applicant's date of birth.
4. Enter the applicant's telephone number.
5. Enter the applicant's e-mail address if applicable or enter N/A
6. Check one box for the applicant's current marital status.
7. Check whether applicant currently uses the HOP fixed route services.
8. Check whether applicant currently uses the HOP Special Transit Services and if applicant pays for services.
9. Enter the applicant's emergency contact information.
10. Check **ONE** type of Transportation Service the applicant prefers.
11. Check YES or NO if the applicant is Hispanic or Latino; Check only one box for applicant's race.
12. Enter the applicant's monthly amount of income for each income type listed - this amount must be the **gross** amount before any deductions for taxes, insurance, etc.
13. **PLEASE READ THIS SECTION THOROUGHLY - the applicant must sign and date the application.**

ATTACH ELIGIBILITY PROOF DOCUMENTS TO APPLICATION FORM:

- A copy of federal or state government issued identification card with applicant photo and date of birth.
- A copy of each type of income documentation received by applicant (Bank Statements for all accounts held, pay stubs, unemployment benefits, Social Security Statement, Veteran's Administration Disability or Dept. of Defense retirement statement, retirement or pension statement, annuities, IRAs, Certificates of Deposit, alimony, child support or maintenance, etc.)
- **IF THE ADDRESS ON APPLICATION IS DIFFERENT FROM ADDRESS ON IDENTIFICATION CARD or PROOF OF INCOME DOCUMENTS**, please submit a copy of a recent utility bill with the current address.

RETURN THE COMPLETED FORM AND PROOF DOCUMENTS:

APPLICATION FORMS AND PROOF DOCUMENTS ARE DUE BY 5:00 PM FRIDAY, OCTOBER 2, 2020

By Mail: City of Killeen
Community Development Department
802 N. 2nd St., Building E
Killeen, TX 76541

In Person: City of Killeen Community Development
(Killeen Arts and Activities Center, between 2nd St. and 4th St.)
802 N. 2nd Street, Building E, first floor
Killeen, TX 76541

IF YOU HAVE QUESTIONS ABOUT THE PROGRAM, the APPLICATION or PROOF DOCUMENTS, or to review program policies and procedures, please contact City of Killeen, Community Development Department offices at (254) 501-7843 or e-mail: csierra@killeentexas.gov.

ONLY COMPLETE APPLICATIONS WITH ALL REQUIRED PROOF DOCUMENTATION SUBMITTED BY DUE DATE AND TIME WILL BE CONSIDERED-FOR PROGRAM PARTICIPATION.



ELDERLY TRANSPORTATION PROGRAM

FY 2020-2021 Application for Assistance (Please Print)

1. NAME:	2. HOME ADDRESS:
----------	------------------

3. DATE OF BIRTH:	4. TELEPHONE #	5. E-MAIL ADDRESS:	6. MARITAL STATUS: (check one) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
-------------------	----------------	--------------------	---

7. The HOP is a regional public transit system that includes the Killeen Urban Division consisting of Copperas Cove, Harker Heights, and Killeen providing fixed route services. Do you currently use the HOP Fixed Route System? Yes No

8. The HOP Special Transit Service (also referred to as Complementary Paratransit Service or Paratransit Service) is provided to those individuals with disabilities that are prevented from using the fixed route system for their particular trip needs. If you have a disability that hinders your ability to use the Fixed Route Service, call 800-791-9601 and ask for an application for Special Transit Service.

Do you currently USE the HOP Special Transit Services? Yes No
 Do you currently PAY for the use of the HOP Special Transit Services? Yes No

9. EMERGENCY CONTACT INFORMATION:

Name	Relationship	Telephone #	
Address	City	State	Zip Code

10. TRANSPORTATION SERVICES: Please Check ONE (1) type of transportation service

<input type="checkbox"/> Curb to Curb (taxi) Limited service, limited rides, limited locations, 7 days a week/24 hours a day. Limited number of free rides provided.	<input type="checkbox"/> Pubic Transit-Fixed Route Bus Service - <i>the HOP</i> bus service, fixed routes, fixed pick-up at designated bus stops, Monday -Friday, wheelchair accessible. Multi-ride passes provided.	<input type="checkbox"/> Special Transit Service Para-transit service, must be eligible per <i>the HOP</i> . 24 hour advance service request. Multi-ride passes provided after qualification by the HOP.
---	--	---

11. RACE: Information is used for statistical purposes only. The federal government requires the following information for programs using federal funds.

Are you Hispanic or Latino? (Please check one) Yes No <input type="checkbox"/> <input type="checkbox"/>	Please check ONLY ONE as it applies to you		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian/Alaskan Native/White	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian Native/Other Pacific Islander	<input type="checkbox"/> Am. Indian/AK Native and Black/African American	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Asian and White	<input type="checkbox"/> Other Multi Racial

12. INCOME DISCLOSURE AND CERTIFICATION. Please list your monthly income and amount

INCOME TYPE	MONTHLY AMOUNT	INCOME TYPE	MONTHLY AMOUNT
Retirement/Pension	\$	Temporary Assistance for Needy Families	\$
Social Security / SSI or Disability	\$	Other sources of income	\$

13. AUTHORIZATION, CERTIFICATIONS, SIGNATURE Please read thoroughly before signing. WARNING: Title 18 U.S. Code §1001 states that a person is guilty of a FELONY for knowingly and willingly making a false or fraudulent statement to a Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

I UNDERSTAND the City of Killeen reserves the right to authorize transportation assistance in any manner it deems suitable based on transportation services and available funding. Submitting an application DOES NOT GUARANTEE AWARD or PARTICIPATION IN THE ELDERLY TRANSPORTATION PROGRAM. I UNDERSTAND the nature of the program and that any necessary proof of my qualification is made willingly. I AUTHORIZE the Program administrator to release any information to agencies that may provide funding for the program. I UNDERSTAND the Program may reduce or end services without prior notification. I CERTIFY I have read this application and all of the information contained herein is true to the best of my knowledge and any falsification of information provided on this or any document submitted for eligibility will lead to my termination from the Program.

Signature: _____ Date: _____

City Staff Use Only

Received By: _____	Date: _____	Approved By: _____	Date: _____
--------------------	-------------	--------------------	-------------

12m/ANNUAL \$ _____	HUD Income Limits Date: <u>April 1, 2020</u>	% AMI 0-30 30-50 60-80 OVER 80	Type of Service Approved: _____	CARD#: _____
---------------------	--	--	---------------------------------	--------------