

# TOWN OF MANSFIELD

## Fare Free Bus Pass Program



### HOW TO APPLY

#### Bus Pass Program FY 2021-2022

Please complete the attached application and provide copies of the documents listed below and bring to the following location:

**Human Services Department  
Mansfield Senior and Wellness Center  
303 Maple Road  
Storrs-Mansfield, CT 06268**

For more information call the Human Services office

Phone: (860) 429-3315

E-mail at [humanserv@mansfieldct.org](mailto:humanserv@mansfieldct.org)

- I/my household is currently on the Town of Mansfield Fee Waiver program so I qualify for the Free Bus Pass Program without submittal of income verification or proof of Mansfield residency. *(You do not have to fill out the sections marked with an \*)*

### **If you/your household is not on the Fee Waiver Program, check if the documentation below is submitted with application:**

- Proof of Residency for ALL persons who reside in the household. Applicants must reside in Mansfield for more than six months during the course of the preceding year.  
*UConn students living in campus sponsored housing are not eligible for the Fare Free Bus Pass Program*
- Three (3) most recent pay stubs for all income earners in the household
- Copy of other sources of income (if applicable) i.e.: Social Security, Private Pension, Unemployment & Workman's Comp, Disability Benefits, Veterans Benefits, Rental Income, Welfare, Alimony, Child Support, etc.
- Copy of your most recent federal tax return for each adult in the household

*Passes will not be issued without full documentation on file*

# MANSFIELD BUS PASS APPLICATION 2021

303 Maple Road  
 Storrs - Mansfield, CT 06268  
 Tel. (860) 429-3315  
[humanserv@mansfieldct.org](mailto:humanserv@mansfieldct.org)



APPLICANT (S) GENERAL INFORMATION			
APPLICANT		CO-APPLICANT	
ADDRESS		ADDRESS	
TOWN	STATE	ZIP CODE	
TOWN	STATE	ZIP CODE	
PHONE #		PHONE #	
EMAIL	BIRTH DATE	EMAIL	BIRTH DATE

*EMPLOYMENT INFORMATION			
EMPLOYER		EMPLOYER	
ADDRESS		ADDRESS	
TOWN	STATE	ZIP CODE	
TOWN	STATE	ZIP CODE	
PHONE		PHONE	
GROSS ANNUAL WAGES		GROSS ANNUAL WAGES	
LENGTH OF EMPLOYMENT		LENGTH OF EMPLOYMENT	

*ANNUAL HOUSEHOLD INCOME		
*Gross Wages/Salary	Rental Income	Welfare
Pension, SSI, Self-Employment	Alimony, Child support	
Unemployment & Workmen's Comp.,	Other (List)	<b>TOTAL</b>

PERSONS LIVING IN UNIT					
NAMES OF ALL PEOPLE LIVING IN HOUSEHOLD	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	*EMPLOYER	*YEARLY INCOME	BUS PASS REQUESTED

**Eligibility is based on the combined income of all household members listed on the application.**

**PENALTY FOR FALSE OR FRADULENT STATEMENT; U.S.C Title 8, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or prisoned not more than five years, or both."**

I (we) hereby apply for a fare free program and certify the accuracy of the information contained herein in accordance with all provisions of the law and agree to notify the appropriate town department in writing in the event of changes in said information; any changes effecting your eligibility status over the course of the year must be reported to the Town so that we can evaluate whether or not you continue to qualify for the bus pass program.

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_