

**NORTHFIELD TOWNSHIP DIAL-A-RIDE APPLICATION**

<input type="checkbox"/> I am aged 65 or over	<input type="checkbox"/> I am aged 18 or over with a disability
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Address: \_\_\_\_\_

ID#
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Telephone: \_\_\_\_\_

**All income numbers should be for most recent tax year and documentation must be provided.**

1.) Yearly earned gross income: \_\_\_\_\_

Unearned income

2.) Total annual pensions, retirement income: \_\_\_\_\_

3.) Social Security Income (SSI), Social Security Disability Income (SSDI): \_\_\_\_\_

4.) Total annual interest, dividends, annuities: \_\_\_\_\_

5.) Other: \_\_\_\_\_

**Total income** (add lines 1 – 5) \_\_\_\_\_

I affirm by signature that the information is true and correct to the best of my knowledge:

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Income Provider (if applicant is a dependent): \_\_\_\_\_ Signature: \_\_\_\_\_

Age 65 and older: Proof of income, residency and age (driver's license, state ID, passport, or other official government-issued identification bearing your birth date and a photo) are required.

Person with disability age 18 - 64: Official proof of SSI or SSD or certification from physician (form below) and proof of income and residency are required.

If applicant is a dependent and unable to provide proof of income, income of supporter must be provided.

Office Use

Proof of Age	Proof of Residency	Proof of Income	Disability Eligibility
____ Driver's License	____ Driver's License	____ Income Tax Return if required to file	____ SSDI, SSI
____ Birth Certificate	____ Utility Bill	____ SSI, SSDI & Bank Statements	
Other: _____	Other: _____	Other: _____	

Date: \_\_\_\_\_ Issued By: \_\_\_\_\_

**Required when SSI or SSDI award cannot be provided  
FOR PERSONS WITH A DISABILITY AGE 18-64  
PHYSICIAN CERTIFICATION INSTRUCTIONS**

This is to certify that the applicant named above meets the eligibility criteria for this program by being a person with a disability as defined by the Americans with Disabilities Act. According to the Act, an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities.

Signature of Physician:
Print or Type Name of Physician:
Registration Number: _____ Phone Number: _____
Street Address:
City: _____ State: _____ Zip Code: _____
Date: