



SLATE
St. Louis Agency on Training and Employment
MISSOURI JOB CENTER



GATEWAY GO TRANSIT PASS PROGRAM ELIGIBILITY FORM

Free transit passes to youth between the ages of 13-25 years old. Applicants must either reside in qualified census tracts **OR** qualify as low-income or moderate-income persons.

Name: _____

Address: _____

Date of Birth: _____

PROOF OF AGE (Please provide one of the following documents:)

- | | | |
|---------------------|--|---|
| • Driver's License | • Federal, State, or Local ID Card | • School Records or ID Cards |
| • Baptismal Record | • Passport | • Report of Transfer or Discharge Paper |
| • Birth Certificate | • Hospital Record of Birth | |
| • DD-214 | • Public Assistance/Social Service Records | |
| • Work Permit | | |

PROOF OF ST. LOUIS CITY RESIDENCY (Please provide one of the following documents:)

Please provide an official document from the US government, an educational institution, a religious, medical, or social service agency, or a utility bill verifying your current address (within most recent 30 days) containing the name of individual requesting support or individual's parent or legal guardian.

PROOF OF HOUSEHOLD INCOME (Please provide all of the following documents that apply:)

- | | | |
|---|---|--|
| • Bank Statements | • Pension Statement | • Award Letter from Veteran's Administration |
| • Compensation Award Letter | • Public Assistance Eligibility Verification | • Proof of Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.) |
| • Copy of Authorization to Receive Cash Public Assistance | • Public Assistance Records | • Proof of State or local income-based public assistance |
| • Copy of Public Assistance Check | • Quarterly Estimated Tax for Self-Employed Persons | • Proof of youth residing in a qualified census tract |
| • Court Award Letter | • Refugee Assistance Records | |
| • Employer Statement/ Contact Records | • Self-Attestation | |
| • Family or Business Financial Records | • Social Security Benefits | |
| • Housing Authority Verification | • UI Claim Documents | |
| • Pay Stubs | • UI Wage Records | |

Staff Use Only: Please list which document was use to verify the following:

Verified DOB: _____

Proof of Residency: _____

Income Verification (If Applicable): _____

Staff Member's Name (Printed): _____

Staff Member's Signature: _____

Note: If a youth resides in a qualified census tract, then they **WILL NOT** need to provide proof of household income.



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Name: _____

Address: _____

Date of Birth: _____

Telephone Number: _____

Alternate Telephone Number: _____

Email Address: _____

I attest that the information contained in this form is true to the best of my knowledge. I know that this information will be reviewed and verified and I agree to supply documents to support this document. I authorize the release of said information to the City of St. Louis and State and Federal Agencies.

1. _____ \$ _____

Signature

Date

Pass #

Value

2. _____ \$ _____

Signature

Date

Pass #

Value

3. _____ \$ _____

Signature

Date

Pass #

Value

4. _____ \$ _____

Signature

Date

Pass #

Value

Note: Please provide a parental/legal guardian's signature if youth is under the age of 17 years old.

Printed Name of Parent/Legal Guardian

Signature of Parent or Legal Guardian

Date



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Client Self-Attestation Statement (Note: Use only after all options have been exhausted.)

This form is used in the event that a youth cannot provide proper documentation for one of the eligibility areas. This document is only used in extreme circumstances in which youth may not have or can acquire documents to prove eligibility in each designated area.

Name: _____

Client Self-Attestation Statement

I hereby certify, under penalty of perjury, that: _____

Applicant's Signature

I attest that the information stated above is true and accurate.

Applicant's Signature

Date

Corroborating Witness Signature

I attest that the above information stated is true and accurate.

Signature of Corroborating Witness

Relationship to Client

Date

For Staff Use Only:

The above applicant statement is being used for documentation of the following:

Proof of Age Proof of St. Louis City Residency Proof of Household Income

Staff's Printed Name & Signature

Staff Member's Position

Date