



RTD NON-PROFIT AGENCY REDUCED FARE PROGRAM

CLIENT CERTIFICATION FORM

Client Certification Statement:

I certify that I meet the Gross Monthly Household Income Eligibility Guidelines of the RTD Non-Profit Agency Reduced Fare Program, which are listed below. I understand that if my gross monthly household income is more than the amount listed below, I am not eligible to receive any **RTD fare products** from this agency that were acquired through the RTD Reduced Fare Program.

I understand that I may permanently lose my eligibility for failure to comply with these requirements.

Name of Client (*Please Print*)

Signature of Client if 18 and older

Date

Name of Parent or Guardian if under 18 (*Please Print*)

Signature of Parent or Guardian if under 18

Date

Gross Monthly Household Income Eligibility Guidelines: (Applicable to All Reduced Fare Program Agency Clients)

(Effective from July 1, 2018 to June 30, 2019)

<i>Persons in Family or Household Size</i>	<i>Gross Monthly Household Income</i>	<i>Gross Yearly Household Income</i>
1	\$1,872	\$22,459
2	\$2,538	\$30,451
3	\$3,204	\$38,443
4	\$3,870	\$46,435
5	\$4,536	\$54,427
6	\$5,202	\$62,419
7	\$5,868	\$70,411
8	\$6,534	\$78,403
<i>Each Add'l Member Add</i>	<i>+666</i>	<i>+7,992</i>