

## HOUSING & COMMUNITY DEVELOPMENT DIVISION

120 Malabar Road, S.E. • 2<sup>ND</sup> Floor • Palm Bay, FL 32907 • Phone: (321) 726-5633

### APPLICATION FOR CITY OF PALM BAY CDBG SCAT BUS VOUCHER PROGRAM

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all household members requiring a pass:

Full Name	Relationship to applicant	Age

Number of bus passes required: \_\_\_\_\_

**All adult members requiring a bus pass must provide proof of residency. Acceptable proof of residency are valid State ID/Driver's license, voter registration card, FPL/Utility/Internet bill.**

How did you hear about the program? \_\_\_\_\_

\_\_\_\_\_  
I certify to the best to my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated. I understand that my bus pass is not transferable to other persons. I understand that if I lose the pass, I can request a new pass after 30 days. I certify that I will not receive a free bus pass from another agency within the same time frame.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date