



CITY OF
Siloam Springs

For Office Use Only

Date app received: _____

Income verified date: _____

Total income: _____

Income limit: _____

Eligible: Yes or No

TAXI PROGRAM APPLICATION

The information collected herein will only be used to determine eligibility for the City of Siloam Springs Taxi Program, and will not be disclosed to outside agencies without written consent, except for purposes of verification as required & permitted by law. Applicants are not required to provide the information requested, but failure to do so may result in delays or rejection of submitted applications.

PLEASE PRINT OR TYPE ALL INFORMATION

Date _____ Name _____ DOB _____

Social Security # _____ Phone: _____

Street Address _____

City/State/Zip _____

HOUSEHOLD :

Household size (#): _____

Is applicant elderly (65 or older) Yes No

Is applicant disabled? Yes No

If applicant is elderly and disabled, skip the next section and sign and date at bottom. Otherwise, proceed to complete the Household Income portion of the application.

HOUSEHOLD INCOME: Please list all household members, including dependents. Income information must be provided for each resident over the age of 18, regardless of program participation.

Examples include: *wages, salaries, overtime, retirement, pensions, child support, unemployment, alimony, commissions, interest & trust income, royalties, income from assets, Social Security, and Veterans' & Disability benefits.* List all income & projected income for the next 12 months. Provide copies of all income verification documents. Applications received without all necessary income attachments will not be processed.

Household Member	Source(s) of Income	Annual Income
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Attach additional sheets if necessary.

I hereby acknowledge that the information provided above is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification of my application. I also understand that any willful misstatement of material fact or intentionally providing of false information will result in disqualification from the program. **I understand that it is my responsibility to contact the City of Siloam Springs to confirm eligibility & complete the application process.**

Applicant _____ Date _____



TAXI PROGRAM REQUIREMENTS

Every resident in the household over the age of 18 must submit the required income documentation listed below.

- IRS 1040 or 1040-EZ form for the previous year.
 - Any person employed who does *not* possess an IRS 1040 or 1040 EZ form must submit two most current pay stubs
- Verification statement of Worker's Compensation Benefits or insurance income dated within the last 6 months
- Verification Statement of Social Security Benefits, Veteran's Benefits, or Disability benefits dated within last 6 months
- Verification statement of unemployment income or other government benefits dated within the last 6 months.
- Applications who are claiming elderly status must provide a US or State issued document (birth certificate, drivers license, passport) verifying date of birth.
- Applicants who are claiming disability status must provided verification of disability determination from State or Federal Government Agency. (Veteran's Administration, Social Security Administration, etc.)

If applicant (or any household members over the age of 18) has no income, they must sign an affidavit certifying this statement to be true.

******To be approved you must meet 2 of the 3 requirements (elderly/ disabled/ low income).***

APPLICATION CHECKLIST

- ✓ Have you read & filled out the application?
- ✓ Have you provided necessary income documents for all household members (18+)?
- ✓ Have you provided verification of elderly/disabled status?