



# Needham Public School Transportation Department

1330 Highland Avenue \* Needham, MA 02492

781-455-0400 ext. 11234

## APPLICATION FOR FEE BASED TRANSPORTATION

### HOUSEHOLD MEMBERS AND MONTHLY INCOME

**School Year 2021/2022**

1. Complete this section for all members of your household, including minor children.
2. Attach: copies of all latest tax forms for each household member required to file, and /or copies of income verification statements for Public Assistance recipients, and/or verification of military employment.

**Note: Mass Health cards alone are no longer accepted as automatic waiver criteria.**

Please list ALL members of household & relationship to applicant	If household member is student applying for waiver	Gross Monthly Earnings	Gross Monthly Earnings	Monthly Child Support, Welfare Payments, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income
Last Name, First Name	Name of School	Job #1	Job #2			
Relationship to applicant						
Name:		\$	\$	\$	\$	\$
Relationship:						
Name:		\$	\$	\$	\$	\$
Relationship:						
Name:		\$	\$	\$	\$	\$
Relationship:						
Name:		\$	\$	\$	\$	\$
Relationship:						
Name:		\$	\$	\$	\$	\$
Relationship:						

### SIGNATURE & SOCIAL SECURITY

<p><i>I certify that all of the above information is true and correct and that all income is reported. I am aware that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.</i></p> <p><b>Signature of Adult Household Member:</b></p> <hr style="border: 0.5px solid black;"/> <p><b>Printed Name:</b></p> <hr style="border: 0.5px solid black;"/> <p><b>Date:</b></p> <hr style="border: 0.5px solid black;"/>	<p><b>*Social Security #:</b></p> <hr style="border: 0.5px solid black;"/> <p><b>Address:</b></p> <hr style="border: 0.5px solid black;"/> <p><b>City/State/Zip:</b></p> <hr style="border: 0.5px solid black;"/> <p><b>Home Telephone:</b></p> <hr style="border: 0.5px solid black;"/> <p><b>Work Telephone:</b></p> <hr style="border: 0.5px solid black;"/>
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\*You must include the Social Security number of the adult household member signing the application or indicate that the household member does not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine current receipt of Food Stamps or AFDC benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by the household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect informat