



Fare Assistance Program

The Canby Area Transit (CAT) Fare Assistance Program provides support to customers who are not able to pay a fare. Applications are accepted on an ongoing basis based on eligibility and available funding.

The program is available to riders within the Canby Urban Growth Boundary (see map page 2) *or who are within an area of CAT's 99X service*. Contact CAT to inquire about 99x service area eligibility.

Assistance is provided in the form of Monthly Passes and 24 Ride Punch Passes. Single ride tokens or a discount may be available based on circumstances.

Eligibility is determined by the applicant's income. Maximum gross annual income to qualify is in the chart below (**as of June 1, 2023**). Income listed is based on an average of the extremely low and very low HUD income levels for Clackamas County.

Number of people living in Household	1	2	3	4	5	6	7	8
Maximum gross annual income	\$31,600	\$36,125	\$40,650	\$45,125	\$48,775	\$52,865	\$57,685	\$62,505

*HUD figures are updated annually: <http://www.huduser.gov/portal/datasets/fmr.html>

Household Income is defined as all salary, wages, interest, dividends and other earnings which are reportable for federal income tax purposes, and cash payments such as reimbursement received from pensions, annuities, social security, and public assistance programs.

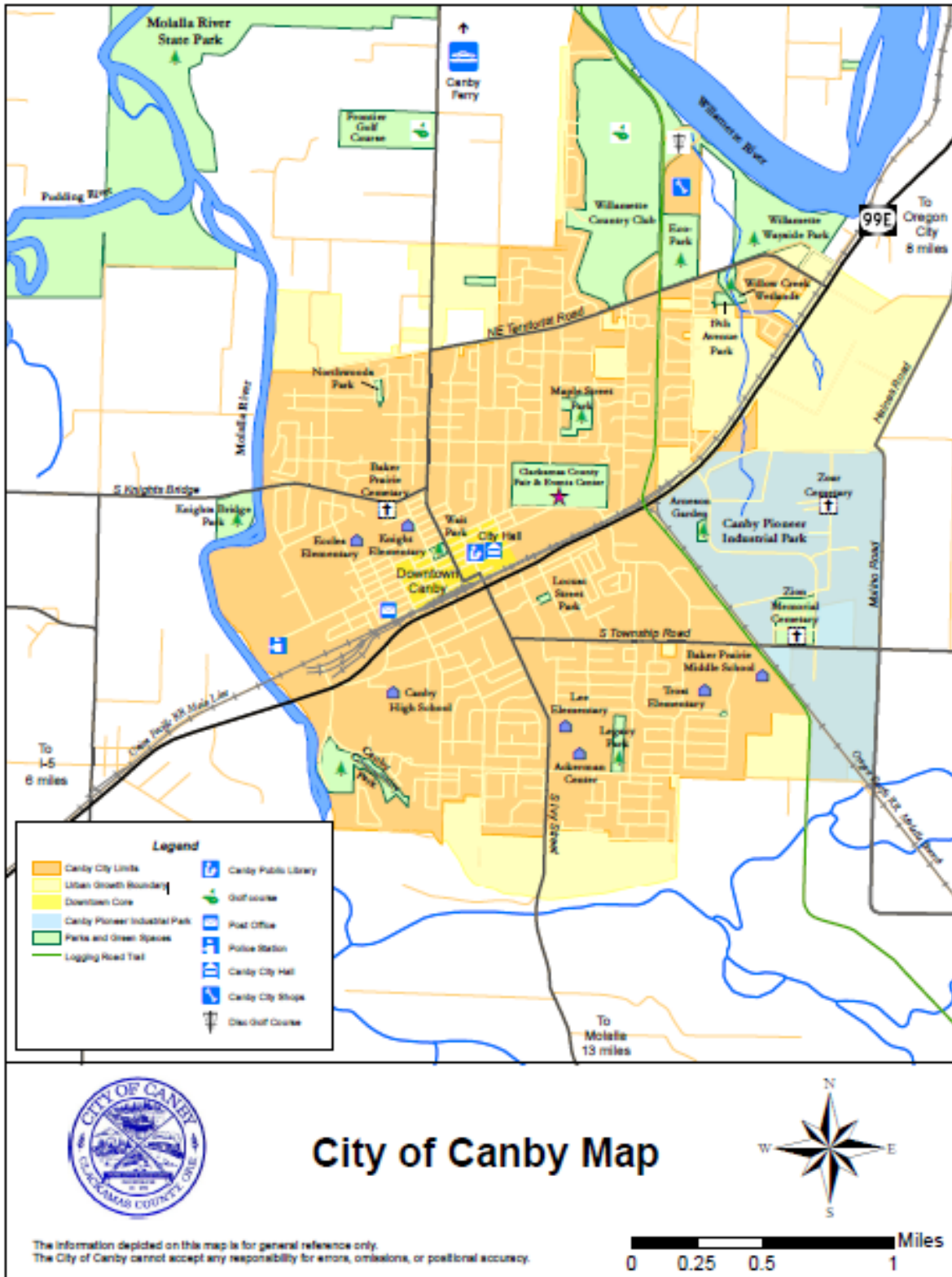
Also included in income are any contributions received by the applicant from any family member or other person living in the same residence and helping defray the applicant's living costs.

For more questions, contact the Transit Coordinator (503) 266-0717. To apply for the program, complete the application that follows and submit to:

Canby Area Transit
 195 S Hazel Dell Way, Suite C Canby, OR 97013
 FAX (503)263-6284 EMAIL: cat@canbyoregon.gov

Questions: Call CAT (503) 266-4022 (option 0) Monday-Saturday 8am – 5pm

City of Canby Service Area (UGB) Map





<i>Office Use Only:</i>	
Received date:	_____
Approved by:	_____

Fare Assistance Application

APPLICANT NAME _____ **DOB:** _____
 (Head of Household)

Address: _____

Phone Number: _____ Email: _____

Names of other adults in household: _____

Name(s) of Dependents (7 years of age or older): _____

Name(s) of Dependents (0-6 years of age): _____

TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD: _____

INCOME VERIFICATION: See page 1 for definitions of income. Report the total annual income from all sources of everyone living in the home:

Social Security \$ _____ Wages/Salaries \$ _____

Interest/Dividends \$ _____ Business Income \$ _____

Pension/Annuities \$ _____ Rental Income \$ _____

IRA Distributions \$ _____ Other Assistance Income \$ _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you received a Fare Assistance Grant in the past? YES NO

If yes, what did you receive and when? _____

Why do you need a Fare Assistance Grant? _____

Who needs the fare assistance? (Enter first name (s) of family members over age 6 in need of fare assistance).

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____

Are you requesting a Monthly or Punch Pass? **not to exceed 12**

Other information you would like us to know:

TOTAL ANNUAL INCOME \$ _____

- I certify that all information on this application is true and correct.
- I agree to notify the City of Canby/Canby Area Transit if the income or number of people living in my household changes or if I no longer qualify for Fare Assistance.
- By signing this application, I agree to provide proof of my eligibility for any discount to the Canby Area Transit if requested.

Signature: _____ **Date:** _____

For questions or assistance, contact the Transit Coordinator (503) 266-0717. Please print application, sign and fax, mail, or email to:

Canby Area Transit
195 S Hazel Dell Way, Suite C Canby, OR 97013
FAX (503)263-6284 or EMAIL: cat@canbyoregon.gov

Office Use Below:

Passes Issued:
