

Polk County Transportation



APPLICATION FOR EMPLOYMENT TRANSPORTATION ASSISTANCE (ETAP)

This form is to be completed annually by Polk County residents of any age to apply for grant funded transportation to Isothermal Community College, work and employment related activities such as job fairs and interviews. ETAP is open to persons with limited income, which may be verified when an application is submitted. All others are welcome to ride at any time by paying the appropriate fare. The provisions of this program are subject to change based on the availability of funding, equipment and personnel. Please write clearly and complete all information on both sides of the form.

Submit applications to:

PCTA 3 Courthouse Square, P.O. Box 308, Columbus, NC 28722 Phone: 828-894-8203, Fax: 828-894-5913

Passenger Information

First Name	Middle Name	Last Name
Date of Birth	Last 4 Digits SS#	Email Address
Physical Address		
Mailing Address (If different)		
Home Phone	Work Phone	Cell Phone
Emergency Contact Name	Phone Number	Alternate Number

Passenger Demographic Information

Marital Status: (Check one) Single Married Divorced Widowed

Primary Language: (Check one) English Spanish Other (specify)

Request for transportation to: Work _____ College/School _____

Other (Explain)

Mobility Aid - Which of the following do you use? Walker Cane Oxygen Other _____
 Wheelchair (Type, e.g. Jazzy, Bariatric Motorized)

Applicant Income

Total number in your household:	2018 Federal Poverty Level				
	Number in Household	100%	150%	200%	250%
Total household yearly income:	1	\$ 12,140	\$ 18,210	\$ 24,280	\$ 30,350
	2	\$ 16,460	\$ 24,690	\$ 32,920	\$ 41,150
Total number of dependent children:	3	\$ 20,780	\$ 31,170	\$ 41,560	\$ 51,950
	4	\$ 25,100	\$ 37,650	\$ 50,200	\$ 62,750
	5	\$ 29,420	\$ 44,130	\$ 58,840	\$ 73,550
	6	\$ 33,740	\$ 50,610	\$ 67,480	\$ 84,350
Are you claimed as a dependent by someone else? <input type="checkbox"/> Y <input type="checkbox"/> N	7	\$ 38,060	\$ 57,090	\$ 76,120	\$ 95,150
	8	\$ 42,380	\$ 63,570	\$ 84,760	\$ 105,950
Add \$4,320 for each additional person when there are more than eight in the household					

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Employer	Supervisor Name		
Address	Phone Number		
CERTIFICATION BY EMPLOYER AS PROOF OF EMPLOYMENT			
_____ (Name of Supervisor/Human Resources) Do Hereby Certify that			
_____ (Applicant)			
Is currently employed at (Business Name)			

Signed _____	Title _____		
Date _____			
COLLEGE/SCHOOL			
Name of College/School _____			
Address _____			
Phone Number _____			
CERTIFICATION BY COLLEGE AS PROOF OF ENROLLMENT			
_____ (College Counselor/Staff) Do Hereby Certify that			
_____ (Applicant)			
Is currently enrolled for the following semester(s) (Write sessions and year)			
_____ at the _____ campus.			
Signed _____	Title _____	Date _____	
By signing this document I affirm that all information provided is true and accurate.			
Passenger Signature _____		Date _____	
Date Received	Date Reviewed	Approved:	Date Approved:
		_____ Y _____ N	
Follow Up Date and Notes		Reviewed by	
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED - MUST INCLUDE SIGNATURES AND INCOME.			