

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

Gender: (Check one) Female Male

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 devices do you use? Walker Cane Oxygen Other

Wheelchair (Type, e.g. Jazzy, Bariatric Motorized)

Circle the days you need transportation: Mon Tue Wed Thu Fri

Applicant Income

Total in your household	Household Income Range (Check the box to the left of your income level. Verification may be requested.)			
	<input type="checkbox"/>	\$11,880 or less	<input type="checkbox"/>	\$17,821 to \$23,760
Total number of dependent children	<input type="checkbox"/>	\$11,881 to \$15,800	<input type="checkbox"/>	\$23,761 to \$29,700
	<input type="checkbox"/>	\$15,801 to \$16,394	<input type="checkbox"/>	\$29,701 to \$35,640
Are you claimed as a dependent by someone else? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	\$16,395 to \$17,820	<input type="checkbox"/>	\$35,641 to \$47,520

Employer	Supervisor Name
Address	Phone Number

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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:

____ Y ____ N

Date Approved:

Follow Up Date and Notes

Reviewed by

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED -
MUST INCLUDE SIGNATURES AND INCOME.**