



# RTD NON-PROFIT AGENCY REDUCED FARE PROGRAM

## CLIENT CERTIFICATION FORM

### Client Certification Statement:

I certify that I meet the Gross Monthly Household Income Eligibility Guidelines of the RTD Nonprofit Program, which are listed below. I understand that if my gross monthly household income is more than the amount listed below, I am not eligible to receive any RTD fare products from this agency that were acquired through the RTD Nonprofit Program.

I understand that I may permanently lose my eligibility for failure to comply with these requirements.

\_\_\_\_\_  
Name (Please Print) –DPS Student

Agree to pay: \$ 24.50 Reduce Fare Rate  
Due on or before: 10<sup>th</sup> of previous month

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### **Gross Monthly Household Income Eligibility Guidelines: (Applicable to All Reduced Fare Program Agency Clients)**

*(Effective from July 1, 2017 to June 30, 2018)*

<b>Persons in Family or Household Size</b>	<b>Gross Monthly Household Income</b>
1	\$1,832
2	\$2,470
3	\$3,108
4	\$3,747
5	\$4,385
6	\$5,023
7	\$5,663
8	\$6,304
<b>Each Add'l Member Add</b>	<b>+642</b>