



Weirton Transit

City of Weirton Resident Bus Pass Application CDBG Fiscal Year 2020

How to qualify

1. All applications must be within corporate City of Weirton limits.
2. All applications must be submitted to the Weirton Transit Business Office by Friday April 9th, 2021 by 4:00 P.M.
Any applications received after this date and time will not qualify.
3. Applications must be filled out correctly.
4. Copies of proof of residency and income must be attached. (Originals will not be returned)
Proof of Residency Examples: Utility Bills, Tax records with Weirton Address, bank statement, etc. Cannot be more than 60 days old.
Proof of Income Examples: Pay stub, Social Security, Etc. Cannot be more than 60 days old.
5. CDBG Eligibly Income Guideline for FY 2020

Number in House Hold	Income Limits
1	\$36,500
2	\$41,700
3	\$46,900
4	\$52,100
5	\$56,300
6	\$60,450
7	\$64,650
9	\$68,800

How residents are chosen for free membership passes

In event that the applications exceed funding, a random drawing will be held to determine the individuals that will receive passes. The Weirton Transit employees will verify the completion of each application and assign an application number. Each application number will then be placed in the drawing and winners will be selected by random.

*** Weirton Transit reserves the right to terminate or suspend any Pass holder if any of the City of Weirton Transit rules and/or guidelines are defied or broken.

Membership Application

Bus Pass

Children 6 years of age and under ride for free

Children and young adults 6 years old to 18 years old need proof of parent(s) and/or guardian(s) proof of residency and income.

Applicant Information		
Applicant Name:		Date of Birth:
Street Address:		
City:	State:	Zip Code:
Social Security Number:		
Telephone Number:		E-mail

Disability	Race and Ethnicity	Household Size (Number of Persons)
Is anyone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic (All races) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	<div style="text-align: center;">_____</div>

CDBG Income Verification

Source of Income	Annual Amount
Total Yearly Income from all sources	\$

Please attach copies of proof of income

I hereby certify that all information that was provided on this form is accurate. I further certify that I am a City of Weirton Resident residing at the address listed above and all income sources are correct.

Applicant's Signature	Date
	/ /
Parent or Guardian Signature	Date
	/ /

Membership Application

Bus Pass

A short survey to help make the Weirton Transit Corporation meet the needs of the residents.

Survey

What are your destinations when riding with transit?	Check all that apply <input type="checkbox"/> Shopping <input type="checkbox"/> Doctor's Appointment <input type="checkbox"/> Work <input type="checkbox"/> Hospital <input type="checkbox"/> Friend/Family House <input type="checkbox"/> To pay utilities/bills <input type="checkbox"/> Other: _____
How Often do your ride with transit?	Check all that apply <input type="checkbox"/> 1-2 Days a week <input type="checkbox"/> 3-4 Days a week <input type="checkbox"/> 7 Days a week <input type="checkbox"/> A couple times a month
Do you travel with another type of transportation?	Check all that apply <input type="checkbox"/> Taxi <input type="checkbox"/> Car <input type="checkbox"/> Uber/Lyft <input type="checkbox"/> Bike <input type="checkbox"/> Walking
Would you like to see them extend their working hours past 7:30?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to see Weirton Transit provide services to?	Check all that apply <input type="checkbox"/> Key Bank Pavilion <input type="checkbox"/> Robinson Township <input type="checkbox"/> Wheeling Highlands <input type="checkbox"/> Pittsburgh
Where would you like to see bus shelters at?	Write destinations below

Membership Application

Official Use Only

Date Received
/ /

Requirements	Yes	No
Application Completed		
Proof of Residency Attached		
Proof of Income Source Attached		
Does Applicant Qualify		

Application Number

Membership ID	
Name:	Membership ID:

Transit Employee Signature	Date
	/ /