



Needham Public School Transportation Department

28 Glen Gary Rd * Needham, MA 02492

781-455-0400 ext. 11234

APPLICATION FOR FEE BASED TRANSPORTATION

HOUSEHOLD MEMBERS AND MONTHLY INCOME

School Year 2023-2024

1. Complete this section for all members of your household, including minor children.
2. Attach: copies of all latest tax forms for each household member required to file, and /or copies of income verification statements for Public Assistance recipients, and/or verification of military employment.

Note: Mass Health cards alone are no longer accepted as automatic waiver criteria.

| Please list ALL members of household & relationship to applicant | If household member is student applying for waiver | Gross Monthly Earnings | Gross Monthly Earnings | Monthly Child Support, Welfare Payments, Alimony | Monthly Payments from Pensions, Retirement, Social Security | Other Monthly Income |
|--|--|------------------------|------------------------|--|---|----------------------|
| Last Name, First Name | Name of School | Job #1 | Job #2 | | | |
| Name: _____ Relationship: _____ | | \$ | \$ | \$ | \$ | \$ |
| Name: _____ Relationship: _____ | | \$ | \$ | \$ | \$ | \$ |
| Name: _____ Relationship: _____ | | \$ | \$ | \$ | \$ | \$ |
| Name: _____ Relationship: _____ | | \$ | \$ | \$ | \$ | \$ |
| Name: _____ Relationship: _____ | | \$ | \$ | \$ | \$ | \$ |
| Name: _____ Relationship: _____ | | \$ | \$ | \$ | \$ | \$ |

SIGNATURE & SOCIAL SECURITY

| | |
|---|---|
| <p><i>I certify that all of the above information is true and correct and that all income is reported. I am aware that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.</i></p> <p>Signature of Adult Household Member:</p> <p>_____</p> <p>Printed Name:</p> <p>_____</p> <p>Date:</p> <p>_____</p> | <p>*Social Security #:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>City/State/Zip:</p> <p>_____</p> <p>Home Telephone:</p> <p>_____</p> <p>Work Telephone:</p> <p>_____</p> |
|---|---|

*You must include the Social Security number of the adult household member signing the application or indicate that the household member does not have a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine current receipt of Food Stamps or AFDC benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by the household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect informat