



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 Non-Profit Agency Reduced Fare 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**, which were acquired through the RTD Reduced Fare Program, from this agency.

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

Name (Please Print)

Signature

Date

Gross Monthly Household Income Eligibility Guidelines: (Applicable to All Reduced Fare Program Fare Products)

(Effective from July 1, 2013 to June 30, 2014)

Persons in Family or Household Size	Gross Monthly Household Income
1	\$1,772
2	\$2,392
3	\$3,011
4	\$3,631
5	\$4,251
6	\$4,871
7	\$5,490
8	\$6,110
Each Add'l Member Add	+620