

# ACCESS RIDER QUALIFICATION FORM



## Section A - Rider Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State, Zip Code \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Section B - Sponsor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State, Zip Code \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

## Section C - Income Verification

Please verify what category that the potential "Access" clients qualifies. For families with over 8 persons, add \$4,180 for each additional person.

2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$16,753
2	\$22,714
3	\$28,676
4	\$34,638
5	\$40,600
6	\$46,561
7	\$52,523
8	\$58,484

## Section D- Qualification

Qualification Date \_\_\_\_\_ Qualified by \_\_\_\_\_  
Date of first ride \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_