



## 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 that the rider's income is less than the guideline amount for their household. For families with over 8 persons, add \$4,540 for each additional person. Do not submit form if their income is above guidelines.

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$44,600
2	\$50,950
3	\$57,300
4	\$63,650
5	\$68,750
6	\$73,850
7	\$78,950
8	\$84,050

### Section D- Qualification (Completed by Ride-On Staff)

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