

LIVING AND TRANSPORTATION ARRANGEMENTS

Married Widowed Single Separated Divorced

Living arrangements:

Homeowner Rent Boarding Home Senior Housing Assisted Living

Do you live alone? YES NO

If not, do you live: With a relative Shared Housing

Hearing: Deaf Impaired Hearing Aid

Vision: Blind Impaired Corrective Lenses

Are you a veteran? YES NO

Means of transportation:

Own Car Public Transportation Relative/Friend Community Transportation

RACE / ETHNICITY

CHECK ONE:

HISPANIC IS NOT A RACE

SINGLE RACE:

WHITE
 BLACK AFRICAN AMERICAN
 ASIAN
 AMERICAN INDIAN/ALASKAN NATIVE
 PACIFIC ISLANDER

MULTI RACE:

AMERICAN INDIAN/ALASKAN NATIVE & WHITE
 BLACK AFRICAN AMERICAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK
 ASIAN & WHITE
 OTHER: (PLEASE SPECIFY) _____

ETHNICITY: HISPANIC (CHECK ONE)

YES NO

ANNUAL INCOME

My yearly income is:

PAAD ELIGIBLE

SENIOR GOLD ELIGIBLE

Single: \$10,210 or below less than \$22,572 \$22,573-\$32,572 \$32,573 +

Married Couple: \$13,690 or below less than \$27,676 \$27,677-\$32,677 \$32,678 +

CITY OF PASSAIC TRANSPORTATION WAIVER FORM

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Passaic or their officers, officials, consultants, contractors, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Passaic's Transportation program. I also acknowledge that the City of Passaic reserves the right to refuse compliance with the policies and procedures governing this program. I agree to comply with the terms set forth in the City of Passaic's Transportation Policy and Procedures Manual. The City reserves the right to modify the terms and conditions of this program without prior notice.

Approximately

NAME: (Print) _____

SIGNATURE: _____

DATE: _____

Mail or deliver completed application to:

**Passaic City Hall
ATTN: Senior Affairs
330 Passaic Street
Passaic, NJ 07055**

Applications will be reviewed within 2-3 days of receipt.
Approved applicants will be notified by phone

ALL APPLICATIONS MUST INCLUDE

- **A LIST OF MEDICATIONS**
- **PHOTO ID WITH CURRENT ADDRESS**

For more information, please contact Department of Senior Affairs at (973) 365-5754.