

Solano Mobility Programs Income Verification Authorization Form

In order to verify that you qualify for a Solano Mobility Programs Low-Income Discount Fare, you must fill out, sign and return this form to the Solano Transportation Authority. Please allow at least **three (3) weeks** for verification of low-income eligibility.

Name (please print): _____

DOB: _____

Address: _____

City, State, Zip: _____

Phone: _____

ADA # (if applicable): _____

Program (circle all that apply): GoGo Medical Concierge | Local Taxi | Intercity Taxi | Benicia Lyft

Are you a PG&E Care or FERA Participant? Yes No

If YES, please provide a copy of your PG&E Care or FERA bill with this form.

Signature: _____

Date: _____

By signing this form, I authorize Solano County Health and Social Services and/or Solano Transportation Authority to verify my participation in a County approved low-income program and/or PG&E Care.

Please fold, tape and return this completed form to:

Solano Transportation Authority

Solano Mobility Programs

423 Main Street,

Suisun City, CA 94585

1-800-535-6883



For document translation please call:
Para la llamada de traducción de documentos:
Para sa mga dokumento tawag sa pagsasalin:
Đối với tài liệu gọi dịch:
對於文檔翻譯電話
707-399-3239

County Use Only

Does the individual above participate in a County low-income program? YES NO

Completed By _____ Title _____ Date _____

STA Use Only

Does the individual above participate in the PG&E Care program? YES NO

Completed By _____ Title _____ Date _____