

CART Half Fare Application



Half-Fare Policy: Half-Fare privileges for CART transportation are provided to passengers with at least ONE of the following qualifications:

- Individuals who possess a valid Medicaid card
- Individuals who provide government issued paperwork or ID proving they are 62 years or older
- Individuals who receive Town Welfare assistance as verified with the Town Welfare Officer
- Individuals who reside in HUD subsidized public housing as verified with the Town Housing Assistance Office.

To obtain the Half-Fare Eligibility: fill out the application below and return to the address at the bottom of the application along with the requested documentation.

Applications received without the required supporting documentation will not be approved. For more information please call (603) 434-3569. There is no cost for this card. Drivers may not accept the application.

Please mail this application to:

**Manchester Transit Authority, 110 Elm St. Manchester, NH 03101
Attn: Regional Service Coordinator**



CART Half Fare Card Application

Applicant Name: _____ D.O.B: _____

Address: _____ Town: _____ Zip Code: _____

Phone: _____ email: _____

I am eligible to receive the CART Half Fare (**please check one**):

I have enclosed a copy of my Medicaid Card.

I have enclosed a copy of my government issued paperwork or ID proving I am 62 years old or older.

I receive Town Welfare assistance and have enclosed a copy of my Town Welfare Housing Assistance letter.

I reside in HUD subsidized public housing and have enclosed a copy of my Town Housing Assistance letter.

Agreement to Disclosure, Eligibility Terms and Conditions: I give permission for representatives of CART to contact my Town Welfare Office to obtain the required information to verify my eligibility for a CART reduced fare. I understand that my application will be delayed if it is incomplete and this will delay the processing of my application. I affirm that all information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to revocation of my registration. I also understand that failure to adhere to the policies and procedures for using CART service will be grounds for suspending my eligibility in this program.

Signature: _____ Date: _____

