



# Fare Assistance Program

The Canby Area Transit (CAT) Fare Assistance Program provides support to customers who are not able to pay a fare. Applications are accepted on an ongoing basis based on eligibility and available funding.

The program is available to riders within the Canby Urban Growth Boundary (see map page 2) *or who are within an area of CAT's 99X service*. Contact CAT to inquire about 99x service area eligibility.

Assistance is provided in the form of Monthly Passes and 24 Ride Punch Passes. Single ride tokens or a discount may be available based on circumstances.

Eligibility is determined by the applicant's income. Maximum gross annual income to qualify is in the chart below (**as of May 30th, 2024**). Income listed is based on an average of the extremely low and very low HUD income levels for Clackamas County.

Number of people living in Household	1	2	3	4	5	6	7	8
Maximum gross annual income	\$33,050	\$37,775	\$42,500	\$47,200	\$51,000	\$55,205	\$60,270	\$65,310

\*HUD figures are updated annually: <http://www.huduser.gov/portal/datasets/fmr.html>

Household Income is defined as all salary, wages, interest, dividends and other earnings which are reportable for federal income tax purposes, and cash payments such as reimbursement received from pensions, annuities, social security, and public assistance programs.

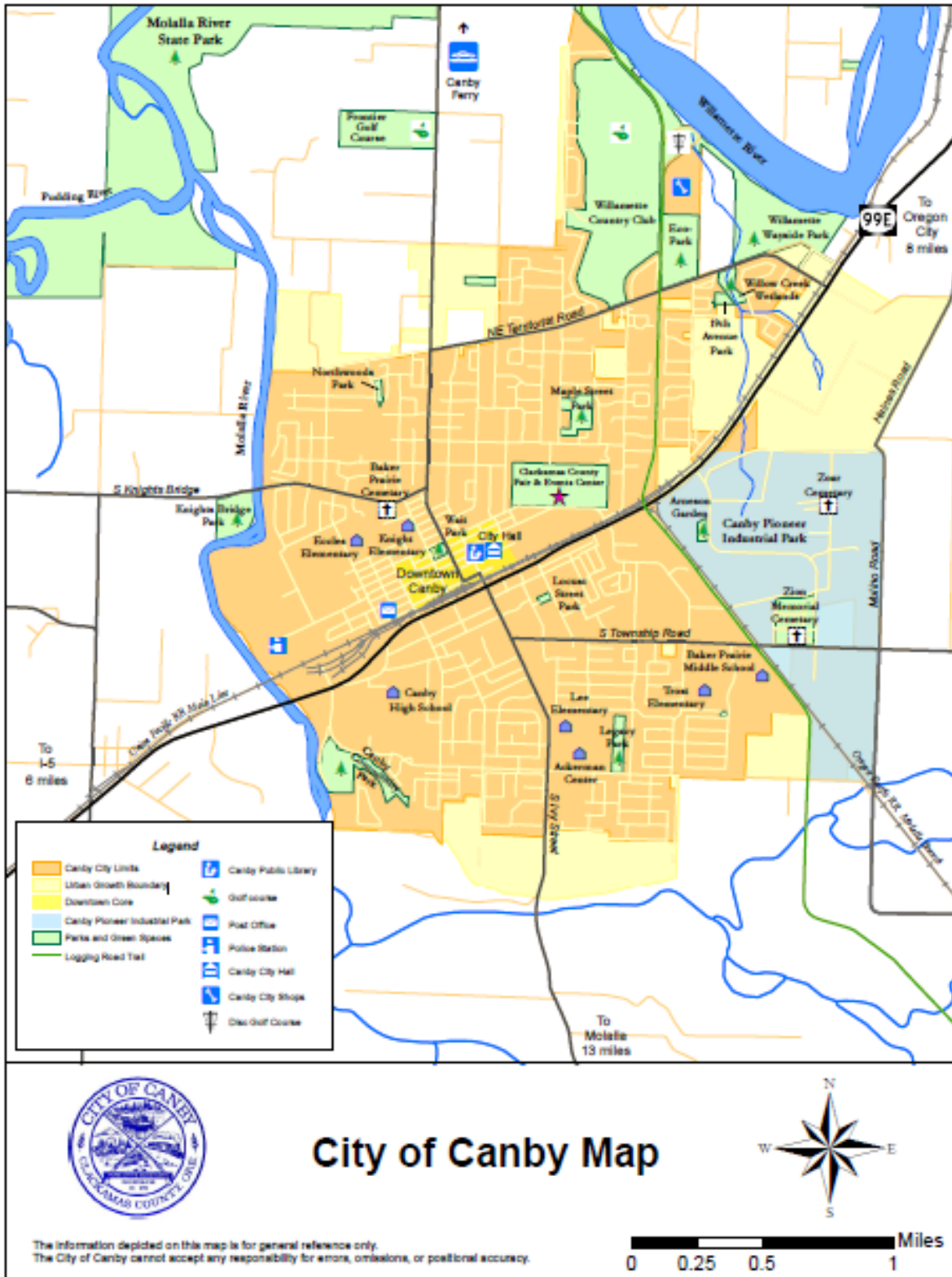
Also included in income are any contributions received by the applicant from any family member or other person living in the same residence and helping defray the applicant's living costs.

For more questions, contact the Transit Coordinator (503) 266-0717. To apply for the program, complete the application that follows and submit to:

**Canby Area Transit**  
**195 S Hazel Dell Way, Suite C Canby, OR 97013**  
**FAX (503)263-6284 EMAIL: [cat@canbyoregon.gov](mailto:cat@canbyoregon.gov)**

**Questions: Call CAT (503) 266-4022 (option 0) Monday-Saturday 8am – 5pm**

# City of Canby Service Area (UGB) Map





<i>Office Use Only:</i>	
Received date:	_____
Approved by:	_____

## Fare Assistance Application

**APPLICANT NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
 (Head of Household)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Names of other adults in household: \_\_\_\_\_

Name(s) of Dependents (7 years of age or older): \_\_\_\_\_

Name(s) of Dependents (0-6 years of age): \_\_\_\_\_

**TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD:** \_\_\_\_\_

**INCOME VERIFICATION:** See page 1 for definitions of income. Report the total annual income from all sources of everyone living in the home:

Social Security      \$ \_\_\_\_\_      Wages/Salaries      \$ \_\_\_\_\_

Interest/Dividends    \$ \_\_\_\_\_      Business Income      \$ \_\_\_\_\_

Pension/Annuities    \$ \_\_\_\_\_      Rental Income      \$ \_\_\_\_\_

IRA Distributions      \$ \_\_\_\_\_      Other Assistance Income \$ \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Have you received a Fare Assistance Grant in the past?      YES       NO

If yes, what did you receive and when? \_\_\_\_\_

**Why do you need a Fare Assistance Grant?** \_\_\_\_\_

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**Who needs the fare assistance?** (Enter first name (s) of family members over age 6 in need of fare assistance).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**Are you requesting a Monthly or Punch Pass? *\*not to exceed 12\****

\_\_\_\_\_  
\_\_\_\_\_

**Other information you would like us to know:**

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL ANNUAL INCOME \$** \_\_\_\_\_

- **I certify that all information on this application is true and correct.**
- **I agree to notify the City of Canby/Canby Area Transit if the income or number of people living in my household changes or if I no longer qualify for Fare Assistance.**
- **By signing this application, I agree to provide proof of my eligibility for any discount to the Canby Area Transit if requested.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For questions or assistance, contact the Transit Coordinator (503) 266-0717. Please print application, sign and fax, mail, or email to:**

Canby Area Transit  
195 S Hazel Dell Way, Suite C Canby, OR 97013  
FAX (503)263-6284 or EMAIL: [cat@canbyoregon.gov](mailto:cat@canbyoregon.gov)

**Office Use Below:**

**Passes Issued:**
