

At Sou'West Nova Transit, we are committed to helping residents of Shelburne County access essential services through affordable transportation. If your annual household income lower than \$22,125 (for an individual) or \$37,209 (for a couple or family)\*, you may be eligible for fare reduction of 50% or more while funds last! Please complete this application (or call to complete by phone, or complete online by visiting [souwestnovatransit.ca/ride.html](http://souwestnovatransit.ca/ride.html)!) to help us determine if you qualify for fare discounts under our policies. *Feel free to attach additional pages if space below is not sufficient!*

**Your name:** \_\_\_\_\_ **Year of birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/Municipality of Residence:**  Shelburne Municipality  Barrington Municipality  
 Town of Shelburne  Town of Lockeport  Town of Clark's Harbour

**Phone Number:** (902) \_\_\_\_\_ **Number of people in your home:** \_\_\_\_\_

I am a veteran  I am a Continuing Care client  I travel for cancer treatment

**What is your yearly HOUSEHOLD income (combined)?** \_\_\_\_\_

Check if one or more household members receive assistance through the following program(s):

- Department of Community Services  Guaranteed Income Supplement (GIS)  
 Old Age Security (OAS)  Disability benefits/Workers Compensation  
 Canada Pension  Other: \_\_\_\_\_

**Proof of Income - All household members (Note: Line 236 is your NET INCOME for the year)**

Applicant: Line 236 on Notice of Assessment: \$ \_\_\_\_\_ Year: \_\_\_\_\_

Other: Line 236 on Notice of Assessment: \$ \_\_\_\_\_ Year: \_\_\_\_\_

Other: Line 236 on Notice of Assessment: \$ \_\_\_\_\_ Year: \_\_\_\_\_

**Does the above Notice(s) of Assessment reflect your current financial situation?**

- Yes, my/our income has not changed  No, my/our income has changed

**Additional comments regarding information above (if needed):**

**Do you or anyone in your household own a vehicle?**    YES    NO

If yes, please explain why this vehicle is not being used to meet your transportation needs:

*To help our funds last as long as possible, fare reduction priority is given to households that do not own a vehicle. Fare reduction will only be provided to households that own a vehicle on a trip-by-trip basis, and riders must provide a compelling reason why the vehicle isn't being used by a household member, friend or family member to provide the trip in question.*

**Why are you applying for fare reduction? (And space for additional information as needed)**

**I certify that the information I have provided in this application is true and accurate.** I understand that SWNT reserves the right to **request more information** and supporting documents, ask for a reference, and to provide or deny fare reduction at their discretion based on current policies and funds available. I understand that \*fare reduction requests that do not fall within the scope of our general procedures may be considered based on extenuating circumstances, and that a separate application for "Priority Access to Fare Reduction" by an approved third party service provider/advocate may be required.

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

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

**RETURN TO: Sou'West Nova Transit, Box 84, Barrington NS, B0W 1E0**