



1115 Warner Avenue, Lemont, IL 60439
Phone: (630) 257-2522 Fax: (630) 257-1219

VanPool Reduced Fare Application

Please read the list carefully. If you have any questions about the required documentation, please contact the Lemont Township at (630) 257-2522.

All documentation if required to ensure your application is properly reviewed and certified. Failing to turn in the listed documentation may cause for a delay in processing.

Please note, this is an initial list of documents required. Lemont Township reserves the right to request additional documentation for verification purposes.

- Current Valid Drivers License
- Proof of residency/lease for all household members
- 30-day Income Documentation for all household members
- Zero Income Application, required for all household members 18 and older whom are zero income (if applicable)

Please drop off completed applications and required documentation to Lemont Township or email to stephanie@lemonttownship.org

All applications will be processed by Stephanie Katopodis, Director of Human Services, (630) 257-2522 X 19

Eligibility for Reduced Rate to:

1-12 Miles - \$15

13-25 Miles - \$20

26-30 Miles - \$25

Household Size	Yearly Income
1	Less than \$33,562
2	Less than 44,533
3	Less than 55,500

*Income based off the Department of Aging, Benefits Access Pogram



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VanPool Reduced Fare Application

Date ____/____/____

For Office Use Only

Application Received on: ____/____/____ Approved on: ____/____/____

First Name _____ Middle _____ Last Name _____

Date of Birth ____/____/____ Household Size _____ Male Female

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Marital Status: Married Single Separated Divorced Widowed

Household – Income Verification

Name	Monthly Income	Type of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agreement

I understand that providing false information, or intentionally failing to disclose information, may cause for any assistance provided for Lemont Township to be revoked immediately. By signing this form, I certify the above information is current and correct to the best of my ability.

Client Signature

_____/_____/_____
Date

Director of Human Services Approval

_____/_____/_____
Date