



IOWA CITY AND UNIVERSITY HEIGHTS CORPORATE RESIDENTS ONLY

(Applicant must return completed form to DHS at 855 S. Dubuque St. or to Social Security at 400 S Clinton St./2nd Floor for verification of income)

Free Elderly Low Income Off-Peak Bus Pass
(must be age 60 and over, and low income plus)
Include proof of age, i.e. copy of Driver's License/Birth Certificate

- or -

Reduced fare 31-Day Bus Pass
Include proof of residence, i.e. copy of utility bill

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the City of Iowa City to release to the Department of Human Services-Johnson County and/or the Social Security Administration, and I authorize the Department of Human Services-Johnson County and/or the Social Security Administration to release to them, confidential information pertaining to my eligibility for the programs listed below:

- Food Stamp Program
- Title XX (Child Care Assistance)
- City of Iowa City Utility Discount Program _____
utility account number
- FIP (Family Investment Program)
- SSI (Supplemental Security Income)
- Assisted Housing program = **\$15,950 maximum annual income** (for one person).

I also do hereby forever release and discharge the City of Iowa City, the Department of Human Services-Johnson County and the Social Security Administration from any liability for divulging such information whether such information is deemed confidential or not. A photocopy of this form shall be considered as acceptable as the original. This release expires 1 year after date of signature.

Please Print

Name: _____ SS# (used to verify status on above programs) _____

Address: _____ Signature: _____

Phone: _____ Date: _____

JOHNSON COUNTY HUMAN SERVICES OR SOCIAL SECURITY ADMINISTRATION USE ONLY:

I have enclosed verification of eligibility.

Worker
Signature: _____

Date
Verified: _____

Please verify this individual's eligibility for the program(s) listed above. **Return this form by mail to Transportation Services, City of Iowa City, 335 E. Iowa Avenue, Iowa City, IA 52240. Thank you for your assistance!**

I verify that the Applicant **does** / **does not** receive any of the program benefits that are listed above.