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ACCESS USE ONLY



Application – 65 Plus Program - Please Print Legibly

Name of Applicant (Last, First, Middle Initial) _____ **Date of Birth (Mo/Day/Yr)** _____

Address _____ (Apt. No.) _____ (City) _____ (State) _____ (Zip Code) _____

Telephone Number:

Home _____ Work _____ Cell Phone _____

E-mail Address _____

Emergency Contact:

Name _____ Telephone _____ Relation _____

Mobility Aid: Wheelchair Service Animal Walker Scooter White Cane Other _____

Accessible Formats for future print material? Large Print _____ Braille _____ E-Mail _____ Other _____

Signature of Applicant (Required) _____

I certify that the above information is true, accurate and complete.

Date Received: _____ Date Card Issued _____

Please Tape a Clear Copy of Proof of Age Below

Valid PA Driver's License, PA Photo Identification Card or US Passport only

Completed applications and a clear legible copy of the accepted photo ID can be scanned and emailed to:

65plus@accesstransys.com or mail to: **ACCESS, 650 Smithfield St., Suite 440, Pittsburgh, PA 15222.**

If the copy doesn't fit, please use the reverse side.