

# NEEDS BASED FERRY TICKET APPLICATION



Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

1. Currently receiving Senior Citizen/Disabled Person Property Tax Exemption or Deferral.  
 Parcel number: \_\_\_\_\_

2. Qualified for Medicaid Program. *Valid Medicaid identification card required at the time of purchase.*

3. Qualified based on income and family size.

***Include amounts from all income sources for all household residents.  
 Supporting documentation must be provided.***

Wages, salaries, tips	\$	_____
Social Security Benefits	\$	_____
SSI Payments	\$	_____
Unemployment Compensation	\$	_____
Interest	\$	_____
Dividends	\$	_____
Pensions	\$	_____
Annuities	\$	_____
IRA Distributions	\$	_____
Military/Veterans pay	\$	_____
Other	\$	_____
<b>TOTAL:</b>	<b>\$</b>	<b>_____</b>

**Family size:**

<input type="checkbox"/>	Individual	Maximum income limit \$10,000
<input type="checkbox"/>	Family of 2	Maximum income limit \$20,000
<input type="checkbox"/>	Family of 3	Maximum income limit \$30,000
<input type="checkbox"/>	Family of 4 or more	Maximum income limit \$40,000

*I certify under the penalties of perjury that the above information is true and accurate and that all income is reported.  
 I understand this information is subject to verification by the Whatcom County Treasurer's Office at least annually.*

\_\_\_\_\_  
 Applicant's Signature Print Name Date

**COUNTY TREASURER'S USE ONLY:**

**Income documents provided:**

IRS Form 1040, 1040A, 1040EZ  
 IRS Schedules: \_\_\_\_\_  
 W-2  
 Social Security Form SSA 1099  
 Other 1099s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 No supporting documents

**Application received:**

Mail  
 In office by Applicant  
 In office by Third Party:  
 \_\_\_\_\_  
 Name/Relation  
 **Application Approved**  
 Expiration Date: \_\_\_\_\_  
 **Application Denied**  
 Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_