



## GoldRide Application

GoldRide is a service of The Ann Arbor Area Transportation Authority (AAATA) for seniors age 65 and older. The GoldRide ID card allows eligible seniors to travel FREE on any AAATA regular line bus and book shared ride trips with FlexRide Gold.

For information on GoldRide call 734-973-6500 or email [GoldRide@theride.org](mailto:GoldRide@theride.org). To obtain a GoldRide card submit this application, in-person, and present one piece of valid government issued photo ID, (state ID, driver license, passport, Washtenaw ID, VA or Military ID) to AAATA's main office at: **2700 S. Industrial Hwy. Ann Arbor, MI.**

If you are unable to ride AAATA's regular line buses due to a disability you may be eligible for A-Ride. For A-Ride information call 734-973-6500, or email [ARide@theride.org](mailto:ARide@theride.org).

**GoldRide offers a reduced rate of \$5.00 per trip on FlexRide Gold for persons with a Verified Low-Income.**

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### IN CASE OF EMERGENCY (ICE)

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE/CELL \_\_\_\_\_

AAATA OFFICE USE ONLY		
CARD#:	EXP DATE:	DATE ISSUED:
NEW	DUPLICATE	CARD CODE:
ID TYPE:	ID#:	EMP#

## Complete the section below if you are verifying above applicant as a low- income household.

To be considered low income under TheRide's GoldRide program the applicant must meet the 150% income threshold (or lower) of the current federal poverty level (poverty levels are subject to change).

**Current U.S. Federal Poverty Guidelines are as follows:**

Household Size	Annual Income
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705

***Applicant must submit form within 30 days from date issued by authorized signer.***

I, \_\_\_\_\_ of \_\_\_\_\_

Certify that \_\_\_\_\_ who lives at address:

\_\_\_\_\_

Meets the qualifications for TheRide's reduced rate of \$5.00 per trip for the FlexRide Gold shared ride service.

\_\_\_\_\_  
Signature of authorized signer

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Print Name of authorized signer

\_\_\_\_\_  
Phone Number