

APPLICATION CERTIFICATION FOR
GWRideConnect's
VAN START
ASSISTANCE PROGRAM

I CERTIFY AND AFFIRM:

- 1) That I will immediately notify the GWRideConnect Coordinator when I no longer qualify for this program;
- 2) That I am familiar with and will comply with all of the eligibility guidelines, requirements and responsibilities stated in this application;
- 3) That I have not requested or received State financial assistance for this vanpool for the last 12 months;
- 4) That no more than 50% of the total riders in the vanpool have participated in the **VAN SAVE** or the **VAN START** programs in the previous 12 months;
- 5) That the matters and facts contained in the foregoing application are true and I am aware that the information I have provided is subject to review and verification.

DATE: _____

APPLICANT SIGNATURE: _____

APPLICANT NAME (please print): _____