



City of Alexandria, Virginia
 Department of Community and Human Services
 Division of Aging and Adult Services



Senior Taxi Yellow Card Program Application

Individuals with an annual gross household income exceeding \$48,508 are NOT eligible for the City of Alexandria’s Senior Taxi Yellow Card Program.

Return application to: **Senior Taxi Yellow Card Program**
Division of Aging and Adult Services
4850 Mark Center Dr. 9th floor
Alexandria, VA 22311

Please note
New address:

Date: _____

Name: _____

Address: _____

Gender: Male Female **Birthdate:** ____/____/____ **Age:** ____
 (Month) (Day) (Year)

Phone: _____ **Email Address:** _____

Total Annual Household Income (gross income): _____

Household Income includes taxable income from the following sources: Wages, interest, dividends, alimony, business income, capital gains, IRA distributions, pensions and annuities, rental real estate income, social security benefits, and any other sources of taxable income.

Signature:

I _____, am applying for the enrollment in the City of Alexandria, Virginia’s Senior Taxi Program and certify that my household income from all sources indicated above is accurate. I understand that the City of Alexandria may conduct periodic and random income eligibility checks of program participants. In the event that I am requested to verify my income, I will provide a copy of my last federal tax return or other appropriate income documentation. I understand that if I give false information or withhold information that I could be prohibited from using this program.

If not approved for the program, you will receive a letter. If you do not receive a denial letter, your application was approved. Once you purchase discount fares, you will receive a Senior Taxi Yellow Card in the mail from Yellow Cab along with instructions. To purchase discount fares, you will need to complete a Purchase of Senior Taxi Yellow Card Discount Fares Application form. For more information, please call 703.746.5999.

For Office Use Only

Date entered into PeerPlace: _____ PeerPlace Operator: _____

Date denial letter sent: _____ Sent by: _____