

Fair Pass Discount Program Application Form

The Fair Pass Discount Program is a City of Toronto poverty reduction initiative to make public transit more affordable for low-income Toronto residents. Ontario Works (OW) or Ontario Disability Support Program (ODSP) recipients residing in the City of Toronto who are not in receipt of transportation support may apply to the Fair Pass Discount Program. The Program provides a discount to eligible users for an approved period of time. The Fair Pass Discount is not transferrable. The Fair Pass Discount Program is subject to annual funding approval by the City of Toronto Council.

This Fair Pass Discount Program Application Form is applicable for adult recipients of OW or ODSP only. Please submit a signed application form to any Toronto Employment and Social Services (TESS) office in-person or by mail. Please contact the Fair Pass Discount Program telephone line at (416)338-8888 or visit any TESS offices if you require assistance in completing the Form or more information about the Program. A complete list of TESS office addresses can be found on the Fair Pass Discount Program information sheet or the City of Toronto website.

Applicant Information					
First Name		Last Name		Date of Birth (yyyy/mm/dd)	
Street Number	Street Name		Suite/Unit Number	City/Town	Postal Code
Telephone Number		Mobile Number		Email Address	

By submitting this application form, I am confirming that:

- a) I am a recipient of assistance through Ontario Works or the Ontario Disability Support Program; and
- b) I am not in receipt of employment or medical transportation support equal to or greater than \$100 in the current month from Ontario Works or/and Ontario Disability Support Program.

I understand that the information provided on this application form is for the purpose of assessing my eligibility for the Fair Pass Discount Program. I authorize the City of Toronto Fair Pass Discount Program staff to obtain information directly from the Ontario Works Program and/or Ontario Disability Support Program to confirm my Fair Pass Discount eligibility.

Applicant: _____ Signature: _____ Date: _____
Name (First, Last – print) (yyyy/mm/dd)

Witness: _____ Signature: _____ Date: _____
Name (First, Last – print) (yyyy/mm/dd)

Toronto Employment & Social Services collects personal information on this form under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s 136 (c) and the City of Toronto By-law No.1290-2016. The information is collected for the purpose of assessing the eligibility for the Fair Pass Discount Program. Questions about this collection can be directed to the Manager, Program Support, Metro Hall, 55 John Street, 12th Floor, Toronto, Ontario, M5V 3C6 or by telephone at 416-397-1535

For Office Use ONLY	SAMS Reference Number
<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	Processed by Staff Name (First, Last)