

Transit Subsidy Program Application

U.S. Department of Housing
and Urban Development
Office of Chief Human Capital Officer

RETURN COMPLETED FORM TO ROOM B-258*

NAME: Please Print Last Name			First Name	MI	Last 6 Digits of Social Security No.
Home Address: Number and Street			City	State	Zip Code
Program Office	Grade	H Login #	Building Address	Room No.	Work Phone & Extension

SECTION II: CHECK ALL CATEGORIES THAT APPLY TO YOU (Use Tab & Space Bar to Move & Select)

- ALTERNATE WORK SCHEDULE
 TELECOMMUTER
 MOTORCYCLE PARKING PERMIT
 STUDENT INTERN
 VOLUNTEER
 SCHEDULED DEPART. DATE _____
 HUD INTERNET EMAIL ADDRESS: _____

SECTION III: TRANSIT PROVIDER/COST INFORMATION

NAME OF TRANSIT PROVIDER(S)	STATION OR STOP YOU COMMUTE FROM	
1.		Monthly Cost \$
2.		Monthly Cost \$
		Total Cost \$

SECTION IV: EMPLOYEE CERTIFICATION

WARNING: This certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action providing for administrative recoveries of up to \$5,000 per violation, and/or agency disciplinary actions up to and including dismissal.

- I certify that I am an employee of the U.S. Department of Housing and Urban Development (HUD) and not an employee of a company under contract with HUD.
- I certify that I am not named on a parking permit with HUD (other than a motorcycle parking permit), another Federal agency, or commercial parking facility; except a permit assigned to an eligible vanpool.
- **I certify that I will use the transit subsidy for my commute to and/or from work only, and I will not sell or give it to anyone else.** _____ ← (Initial)
- I certify that my monthly cost to commute to/from work via mass transportation is based on _____ workdays. (Average number of workdays per month – 22 days maximum.)
- **I certify that I will update my work schedule upon any changes (Alternate Work Schedule, Telecommute).**
- I certify that I will not collect transit subsidy for the month that I separate from HUD or transfer to another HUD jurisdiction; unless my departure date is in the 3rd or 4th week of that month.
- I understand that I must reimburse HUD by personal check, money order, or salary offset for any subsidy issued to me for which I am not entitled.
- **I understand that I am not entitled to transit subsidy for the days I am on travel, off-site training, or on extended sick/annual or other leave.**

Employee Signature _____ Date _____

HUD Employee Verification _____ Date _____
(Administrative Officer Signature)

Transit Subsidy Office Action: Approved ____ Not Approved ____ Subsidy Amount \$ _____

(Signature)

(Printed name)

(Date)

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval or your request for a mass transit fare subsidy. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be used to ensure your eligibility in the HUD Transit Subsidy Program, as well as matched with list at other Federal agencies to ensure that you are not listed on a worksite permit for which you are not eligible.