



Section 1: Basic Information

Main Applicant * Mandatory Fields

First name:*	Middle name:	Last name:*
Date of birth:*/ / <small>month / day / year</small>	Email:	
Physical address:*	City/town:*	Postal code:*
Mailing address <small>(if different from physical address):</small>	City/town:	Postal code:
Preferred phone number:	Alternate phone numbers:	

Best way to contact* email mail

Are you a resident¹ of Winnipeg?* Yes No

¹ Please note only Winnipeg residents qualify for the WINNpass.

New application?* Yes No

Renewing application?* Yes No If yes, please provide reference number:*

Household members

Includes the main applicant and any persons (adults and children) who live in the same dwelling and are related by blood, marriage, common-law union, adoption or a foster relationship.

First name*	Middle Name	Last name*	Relation to applicant*	Date of birth (M/D/Y)*	U-Pass* ²
			Main Applicant		<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

² Please check box if you are a U-Pass holder.

Section 2: Supporting Documents (please attach requested documents)

One of the following must be submitted for each applicant over the age of 18

- Copy of most recent Canada Revenue Agency Notice of Assessment identifying annual family net income (including the Notice of Assessment for all household members)
- Copy of Confirmation of Permanent Residence (COPR) document
- Copy of Record of Landing or other documentation confirming date of landing
- EIA client and your case number provided below

Section 3: Additional Information

Do you, your spouse or any member of your household receive Employment and Income Assistance (EIA) benefits?*

First name*	Middle Name	Last name*	Relation to applicant*	EIA Case Number*

Has any member of your household received a transportation allowance for a monthly bus pass from EIA in the past 12 months? If yes, please list their names below

First name*	Middle Name	Last name*	Relation to applicant*

Is anyone in your household a client of Winnipeg Transit Plus? If yes please provide name and registration number:

First name*	Middle Name	Last name*	Relation to applicant*	Registration Number*

Section 4: Agreement and Consent

Privacy Notification Statement

We are collecting your personal information under the authority of the City of Winnipeg Charter Act. This information will be used to administer Winnipeg Transit's Low Income Transit Pass Program and will not be used or disclosed for any other purposes, except as authorized by law. If you have any questions about the collection, use, or disclosure of your information, contact the Corporate Access and Privacy Officer by mail (City Clerk's Department, 510 Main Street, Winnipeg, R3B 1B9) or by telephone at 311.

Applicant(s) (Must be signed by all household members over the age of 18)

- I/We declare that the information provided in this application is true and complete to the best of my/our knowledge.
- I/We give consent for Winnipeg Transit to verify the information provided in this application and, if applicable, to verify the EIA information disclosed in this application.
- I/We will report any changes to the information provided in this application to Winnipeg Transit as soon as possible by calling 311 or visiting a Winnipeg Transit Service Centre since changes may impact eligibility.
- I/We acknowledge that misuse of program privileges and/or provision of misinformation in this application may impact program eligibility.
- (If applicable) I/We authorize _____ to be my/our alternate contact for the purposes of completing the Winnipeg Transit Low Income Transit Pass Program Application on my/our behalf. Furthermore, if clarifications or further communications are required for processing this application, I authorize the City of Winnipeg to disclose my personal information to my/our alternate contact for that purpose.

Main Applicant Name	Signature:	Date:
Household Member	Signature:	Date:
Household Member	Signature:	Date:
Household Member	Signature:	Date:
Household Member	Signature:	Date:
Household Member	Signature:	Date:

Alternate Contact (if applicable)

I declare that the information provided in this application is true and complete to the best of my knowledge. I declare that I have completed this application at the request of the applicant(s) and that I am willing to be contacted on their behalf if clarifications or further communications are required for processing this application.

Alternate Contact Name (please print):	Signature:	
Mailing address:	Phone number:	Date:

Submit completed application and supporting documents to:

WINNpass
Winnipeg Transit Service Centre
Main Floor, 510 Main St. R3B 1B9
Or fax to 204-986-3245