

**U.S. Department of Housing
And Urban Development**
Office of the Chief Human
Capital Officer

Smart Benefits Application



New Application Update Information Withdraw From Program Replacement Card

Please answer the following questions:

Do you use the entire transit subsidy to commute by Metrorail, Metrobus or Vanpool? YES NO

Is your SmarTrip Card registered with WMATA? YES NO

Please check mode of Mass Transportation used below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Metrorail | <input type="checkbox"/> VRE | <input type="checkbox"/> Fairfax Connector |
| <input type="checkbox"/> Metrobus | <input type="checkbox"/> Marc Train | <input type="checkbox"/> Omni Bus |
| <input type="checkbox"/> Registered Vanpool | <input type="checkbox"/> ART County Bus | <input type="checkbox"/> Cue County Bus |
| <input type="checkbox"/> Dash County Bus | <input type="checkbox"/> The Bus | <input type="checkbox"/> Ride-On Bus |
| <input type="checkbox"/> MTA Commuter Bus | <input type="checkbox"/> Dillon Commuter Bus | <input type="checkbox"/> Keller Commuter Bus |
| <input type="checkbox"/> Martz Bus | <input type="checkbox"/> Eyre Commuter Bus | <input type="checkbox"/> Loudon County Transit Bus |

Last Name: _____ (Print) First Name: _____ (Print) MI: _____ (Print)

Last 6 of SSN: _____ H Login #: _____ Work Phone/Ext. _____

Monthly Transit Cost ***NOT*** including parking: \$ _____

Registered SmarTrip Card #: _____

Work E-Mail Address: _____

Signature: _____

Please complete section below if joining the Smart Benefits Van Pool program:

Van Pool Operator/Company _____

Van Pool registration number with WMATA _____

DOB: ____ / ____ / ____ (Required identifier since full social security number is no longer used.)

*****ATTACH A LEGIBLE COPY OF THE BACK OF YOUR SMARTRIP CARD TO THIS APPLICATION.*****

Section Below - To Be Completed by HUD's Transit Subsidy Program Coordinator

Authorizing Signature _____ Date _____

Authorized Starting Month/Year _____ Auth. Subsidy Amount _____

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 of your request for a public transit fare benefit. 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 matched with lists at other Federal agencies of Government-assigned parking to ensure consistency with mode of transportation checked.