ENGLISH

LIFE Program Application

Application Number

The LIFE Program helps qualifying LA County residents save on fares.

To complete the application, please have the following:

> Photo ID
> You have the option to self-certify or provide proof of income, such as:
- Medi-Cal, EBT, any proof of public benefit, Social Security award, check stub or tax return
  Or
- Complete **Self-Certification** in Section 3

1. Head of household information

Would you like your 20 free monthly rides to be automatically loaded to your TAP card each month OR would you prefer to load your monthly benefit manually (with the option to purchase a discounted transit pass from participating operators)?

☐ Yes, please load 20 free rides to my card on the first day of each month
☐ No, I will load my monthly benefit to my card manually

Last Name _____ First Name _____ Preferred Name (optional) _____ Middle Name or Initial _____

Street Address _____ Apt # _____

City, State, Zip _____ Birth Date (mm/dd/yyyy) _____

E-mail _____ Telephone Number _____

TAP Card Number _____ ☐ If you don't have a TAP card, check here to request one.

Gender: ☐ Male ☐ Female ☐ Other: _____ Ethnicity: ☐ Asian or Pacific Islander ☐ Black ☐ Hispanic

Preferred Language: _____ ☐ Native American ☐ White ☐ Prefer not to answer

2. Additional household member information

Would you like your 20 free monthly rides to be automatically loaded to your TAP card each month OR would you prefer to load your monthly benefit manually (with the option to purchase a discounted transit pass from participating operators)?

☐ Yes, please load 20 free rides to my card on the first day of each month
☐ No, I will load my monthly benefit to my card manually

Last Name _____ First Name _____ Preferred Name (optional) _____ Middle Name or Initial _____

Birth Date (mm/dd/yyyy) _____

TAP Card Number _____ ☐ If you don't have a TAP card, check here to request one.

Gender: ☐ Male ☐ Female ☐ Other: _____

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Last Name | First Name | Preferred Name (optional) | Middle Name or Initial

Birth Date (mm/dd/yyyy)

TAP Card Number ☐ If you don't have a TAP card, check here to request one.

Gender: ☐ Male ☐ Female ☐ Other: _____

3. Program eligibility

LIFE discounts are available to LA County residents whose household income levels are below the Federal HUD Poverty Guidelines for LA County. The figures below are valid from July 1, 2025, to June 30, 2026. Please select your annual household income.

Persons in household – Maximum Annual income

☐ 1 – $53,000 ☐ 2 – $60,600 ☐ 3 – $68,150 ☐ 4 – $75,750 ☐ 5 – $81,800 ☐ 6 – $87,850

Self-Certification (select if proof of income is unavailable)

☐ By checking this box, I confirm that the income level I selected above is correct. I understand that in the future, I may be asked to provide proof of income. I agree that if I do not provide proof of income, my benefits may be terminated in the LIFE Program.

As head of household participating in the LIFE Program, I affirm that I am 18 years or older and that the information provided on this application for myself and my household, including the annual household income, is true and correct. I understand that the LIFE Program reserves the right to verify my household income, and I will notify the LIFE Program if I or any household member no longer qualifies for the LIFE discount.

I acknowledge that neither I nor any household member is participating in the LIFE Program under a different name. I also understand that neither I nor any household member can be part of any other program that discounts passes including, but not limited to, Access Paratransit, City Ride, and/or other transportation discount programs. I understand that my first name, last name, address, phone number, email address, birthday, gender, income bracket and number of household members will securely be stored in the LIFE database and only accessed by participating LIFE agencies.

By failing to adhere to the above terms and conditions, I or any household member will be disqualified from participating in the LIFE Program.

Stay Connected with the LIFE Program! Stay informed and never miss an update about your benefits.

☐ Check this box to sign up for email and/or text message updates from the LIFE Program.

☐ By checking this box, I hereby agree to receive communication regarding Metro products or services.

Why it's important: Signing up for LIFE Program communication keeps you informed about your enrollment status, program updates, and the latest LIFE news. It's the best way to stay connected and make the most of your transportation benefits. We respect your privacy; your information will only be used for official LIFE Program communication and will not be shared.

Applicant Signature | Date

Submit completed applications at Metro Customer Centers, or IILA.

Residents of Central LA, South Bay or Westside Cities:

IILA Southwest Regional Office
3870 Crenshaw Bl, Suite 229
Los Angeles, CA 90008
Phone: 323.870.8567
lifeinfo@iilosangeles.org

Residents of Antelope Valley, San Fernando Valley or Santa Clarita Valley:

IILA Northwest Regional Office
14546 Hamlin St, Suite 105
Van Nuys, CA 91411
Phone: 818.527.4464
lifeinfo@iilosangeles.org

Residents of Gateway Cities or San Gabriel Valley:

IILA Southeast Regional Office
9060 Telstar Av, Suite 223
El Monte, CA 91731
Phone: 818.244.2550
lifeinfo@iilosangeles.org

Agent Name | Signature | Date

For more information, visit *metro.net/LIFE*.

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