

PALO ALTO TMA FIRST MILE SUBSIDY APPLICATION & AGREEMENT

APPLICANT INFORMATION

Name:							
Current Address:			Email:		Phone:		
Alt Address:							
City:			State:		ZIP Code:		
RPP?	Yes	No	<i>(Please circle)</i>		Currently Drive Alone?		Where Do You Park?
Work Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift Starts at							
Shift Ends at							

EMPLOYER INFORMATION

Employer:							
Employer Address:					How long worked here?		
Employer Contact:			E-mail:		Phone:		
Position:			Hourly Salary <i>(Please circle)</i>		Annual income:		

\$150/MONTH LYFT SUBSIDY. GOOD FOR WEEKDAY TRIPS TO CALTRAIN OR TRANSIT HUB SPECIFIED BELOW TO EMPLOYER SITE AND RETURN TRIP ONLY. PARTICIPANT AGREES TO USE LYFT LINE/POOL SERVICES WHENEVER AVAILABLE.

	Caltrain Station	VTA Station	SamTrans Hub	Palo Alto Home Address	Zip
Month Starting:					

Commuter Plan:

UTILIZATION

Month:

SIGNATURE & AGREEMENT

I will use the First Mile Subsidy as specified above for as many work trips as possible in each month I receive a subsidy; agree that I will be the only user of this Subsidy; and to share my use data with the TMA monthly in order to continue to receive a Commuter Subsidy. If my employment changes for any reason while receiving a subsidy, I agree to notify the Palo Alto TMA promptly. I understand I must establish an account with Lyft and have a credit card in order to participate in this program. Only trips that are requested and occur during my commute hours, for rides between my home and a Caltrain station are eligible for the subsidy. Any other trips will be billed to my personal Lyft account.

Signature of applicant:	Print Name:
Signature of employer:	Print Name: