



**Montgomery County Department of Transportation  
JOB ACCESS AND REVERSE COMMUTE (JARC)  
BIKESHARE PROGRAM**

Questions? Call 240-777-8380 - or - email us at:  
mcdot.CommuterServices@montgomerycountymd.gov

I am interested in applying for the JARC Bikeshare Program in Montgomery County. I understand that my eligibility for the program must be confirmed and I hereby give permission for review of my financial information by any County agency involved in this program, their contractors, and partner organizations.

**I. PERSONAL INFORMATION (Please Print):**

Name: \_\_\_\_\_ No. of family members living with you: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**II. EMPLOYMENT/JOB TRAINING/EDUCATION (Please Print)**

I am currently **employed**. Proof of employment is required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (provide name, address and telephone number of employer)

I am currently enrolled in a **job training program**. Proof of current enrollment is required.

- Montgomery Works Workforce Training Program (WIA)
  - CASA de Maryland Employment Program
  - Other job training (such as computer training, real estate, beauty/barber school).
- Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

I am currently a **student**. Proof of current enrollment is required: \_\_\_\_\_  
 \_\_\_\_\_ (provide name of school)

**III. INCOME CERTIFICATION**

I certify that my family, and/or I, participate in one or more of the following programs for low income residents of Montgomery County or other cities or counties in the Washington metropolitan region. Attach copy of program participation letter, dated within 30 days. Please mark all that apply and add others not listed:

- |  |  |
|--|--|
| <input type="checkbox"/> Food Supplement Program (Food Stamps)   | <input type="checkbox"/> Child Care Assistance   |
| <input type="checkbox"/> Temporary Cash Assistance (TCA)         | <input type="checkbox"/> Maryland Primary Adult Care Program (PAC)   |
| <input type="checkbox"/> Family and Children Medical Assistance  | <input type="checkbox"/> Supplementary Security Income (SSI)   |
| <input type="checkbox"/> MCPS Free or Reduced Meals (in schools) | <input type="checkbox"/> Head Start Program  |
| <input type="checkbox"/> HOC Voucher Program                     | <input type="checkbox"/> Rental Assistance   |
| <input type="checkbox"/> Maryland Energy Assistance Program      | <input type="checkbox"/> Latin American Youth Center Program (requires parental permission to participate – ages 16-17 years of age) |
| <input type="checkbox"/> Electric Universal Service Program      |  |
- OR ANY OTHER PROGRAMS that have an income eligibility requirement (please list below):  
 \_\_\_\_\_

**IV. IDENTIFICATION DOCUMENTATION**

You will need to submit one of the following as proof of identity to complete enrollment (any of the following is acceptable): Photo ID (i.e., Driver’s license, passport or other identification with a photo); identification showing that you are working for CASA de Maryland’s Employment Program; residency card, or work authorization card.

**V. BIKESHARE USAGE**

I would like to use the bikesharing program to make the following types of trips (please check all that apply):

\_\_\_ Home to or from Metro \_\_\_\_\_(provide name of station) for purposes of work and/or school, and/or job training

\_\_\_ Home to or from school and/or job training

\_\_\_ Home to or from work or job training

\_\_\_ Metro \_\_\_\_\_ (provide name of station) to or from work

\_\_\_ Metro \_\_\_\_\_(provide name of station) to or from job training location

I anticipate using the bikeshare program at these times (please circle all that apply – this can be changed later)

Between \_\_\_ am & \_\_\_ am      Between \_\_\_ am & \_\_\_pm      Between \_\_\_pm & \_\_\_pm

**VI. SPECIAL CONSIDERATION**

Special consideration will be given on a case by case basis to any individual with proof of need. Please contact Montgomery County Commuter Services at (240) 777-8380 or mcdot.commuterservices@montgomerycountymd.gov.

**VII. PERMISSION TO VERIFY INFORMATION PROVIDED**

I have attached all documentation as indicated and hereby provide Montgomery County’s Department of Transportation JARC Bikeshare Program permission to verify information I have provided for purposes of participation in this program. I understand that Montgomery County reserves the right to deny participation in this program to anyone who falsifies information or does not meet eligibility requirements, or on the basis of funding availability for this program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**VIII. CAPITAL BIKESHARE MEMBERSHIP NOTICE:** Participants in the JARC bikeshare program receive free Capital Bikeshare (CaBi) Membership for up to one year. All participants are required to sign a CaBi Membership Agreement.

**FOR STAFF USE ONLY:**

Confirmed by (Agency Name): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Confirmation by (Name of person signing): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_