



RIDE Incentive Household Summary Form

Please fill out, sign, date, and upload this form to your RIDE Program application.

1. Fill out lines A, B and C below regarding your current household size*. Enter "0" if N/A.

A. Enter the number of household members aged 18 or older who are not listed as the Applicant's dependents (including Applicant)	
B. Enter the number of household members age 17 or younger	
C. Enter total household size (add lines A and B)	0

*For the RIDE Program, a household includes all family members or other unrelated persons, including the Applicant, who reside together and/or share common living expenses.

2. Enter the name and adjusted gross annual income (AGI) for each household member aged 18 or older currently living in your household. Note: All household members included in line 1A (above) must be listed with their corresponding AGI. If a household member has no income, please list "\$0" in the 'AGI' column.

Household Member	Household Member Name	AGI [†]
1 – Applicant		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
Enter the Total Adjusted Gross Annual Household Income:		\$ 0.00

[†]Adjusted Gross Income (AGI) is defined as gross income minus adjustments to income. Gross income includes wages, dividends, capital gains, business income, retirement distributions, as well as other income. Adjustments to income include such items as educator expenses, student loan interest, alimony payments, or contributions to a retirement account.

3. Obtain and submit a copy of the tax return transcript for each person who were counted in line 1A.

4. Check mark the applicant certification fields below. Both fields must be certified and checked to be eligible for a RIDE incentive.

☐ I am not claimed nor able to be claimed as a dependent on someone else's tax return.

☐ I certify under penalty of perjury that the information I am providing about my household size and adjusted gross annual household income is accurate.

Applicant Name: _____ Application Number: _____

Applicant's Full Residential Address: _____

Applicant Signature: _____ Date: _____