

Transit Subsidy Program**Application – Bike Share Only**

Office of Chief Human Capital Officer

RETURN COMPLETED FORM TO ROOM 2268-A

NAME: Please Print Last Name			First Name		Middle Initial
Home Address: Number and Street			City	State	Zip Code
Program Office	Grade	H Login #	Building Address	Room No.	Work Phone & Extension
Email Address					

SECTION II: TRANSIT PROVIDER/COST INFORMATION

<u>Name of Transit Provider</u>	<u>Cost</u>
Capitol Bikeshare	Monthly Cost \$0. Benefit provided In-kind.

SECTION III: EMPLOYEE CERTIFICATION

WARNING: This certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action providing for administrative recoveries of up to \$5,000 per violation, and/or agency disciplinary actions up to and including dismissal.

- I certify that I am an employee of the U.S. Department of Housing and Urban Development (HUD) and not an employee of a company under contract with HUD.
- I certify that I will not collect a monthly transit subsidy payment while I am named on a parking permit with HUD (other than a motorcycle parking permit), another Federal agency, or commercial parking facility; except a permit assigned to an eligible vanpool.
- I certify that I will cancel my bike share membership the month that I separate from HUD or transfer to another HUD jurisdiction.
- I understand that I must reimburse HUD by personal check, money order, or salary offset for any subsidy issued to me for which I am not entitled.
- **I certify that I will use my Capital Bikeshare membership for my personal use, and I will not sell or give it to anyone else.** _____ ← (Initial)

Employee Signature _____ Date _____

HUD Employee Verification _____ Date _____

(Administrative Officer Signature)

Transit Subsidy Office Action:

Bikeshare Activation Code _____ Bikeshare Not Approved _____

(Signature)

(Printed name)

(Date)

Privacy Act Statement: This information is solicited under authority of Public Law 103-172 and Executive Order 13150. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval for a or your request for a mass transit fare subsidy. 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 used to ensure your eligibility in the HUD Transit Subsidy Program, as well as matched with list at other Federal agencies to ensure that you are not listed on a worksite permit for which you are not eligible.