

**U.S. Department of Housing & Urban Development  
Office of the Chief Human Capital Officer  
Bicycle Transportation Subsidy Benefit Program Application**

NAME: Please Print Last Name		First Name	MI	HUD ID #
Home Address: Number and Street		City	State	Zip Code
Program Office	Grade	Building Address	Room No.	Work Phone & Extension

**SECTION II: CHECK ALL CATEGORIES THAT APPLY TO YOU (Use Tab & Space Bar to Move & Select)**

- ☐ FIRST TIME APPLICATION      ☐ REVISED APPLICATION      ☐ ANNUAL RECERTIFICATION  
☐ FULL-TIME      ☐ PART-TIME      ☐ TEMPORARY/SEASONAL  
☐ PLEASE NOTE APPOINTMENT END DATE: \_\_\_\_\_

**SECTION III: EMPLOYEE CERTIFICATIONS & INFORMED CONSENT WAIVER**

- I certify that I am employed by the Department of Housing & Urban Development ☐ Check Box  
I certify that I am not a recipient of federally subsidized workplace parking from the U.S. Department of Housing & Urban Development or any other federal agency. ☐ Check Box  
I certify that I am not receiving another form of transportation subsidy ☐ Check Box  
I understand it is a violation of law to provide false or fraudulent information to the Federal Government to obtain the bicycle benefit. ☐ Check Box  
I wish to participate in the Department of Housing & Urban Development Bicycle Benefit Program. I agree to abide by Department's rules and regulations and understand that violation of the rules will result in withdrawal of the tax-free reimbursement available to me. ☐ Check Box  
I realize that there are inherent dangers whenever one engages in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, as a result of bicycle riding. ☐ Check Box  
I hereby release and hold harmless from any liability whatsoever the Department of Housing & Urban Development, as well as its supervisors and representatives. ☐ Check Box  
I certify that I regularly use a bicycle for a substantial portion (not less than 50%) of the travel between my residence and place of employment. ☐ Check Box

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV: Warning Certification**

This certification concerns a matter within the jurisdiction of an agency of the United States. Making false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, to include fine and/or imprisonment up to five year, and may provide for administrative recoveries of up to \$10,000 per violation. It may also result in agency disciplinary action up to and including dismissal.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION V:**

<b>Agency/Transit Subsidy Coordinator Certification</b>
<b>Name:</b>
<b>Email:</b>
<b>Signature</b>
<b>Date</b>

**Privacy Act Statement:** This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval 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.

# Bicycle Transportation Subsidy Benefit Program Application

## **Instructions for Completing This Form:**

- Before completing this form, make sure that you qualify for participation in this program by fully acquainting yourself with this program. Details can be found on the [HUD@work web page](#).
- The form must be signed by you and forwarded to your Transit Subsidy Coordinator for review and signature. Proper signatures are required on all documents.
- The 50% per month commuting requirement is “to and from work” (official duty station).
- NOTE: A form-fillable version of this application can be found on-line on [HUD@work Transit Subsidy Program](#), or in room 2266B, Headquarters Building.

## **Specific Instructions for Completing this Form:**

### **A. Type of Action:**

- ❖ Select First-Time Application, Revised Application or Annual Recertification

### **B. Personal Information:**

- ❖ Complete personal information section

### **C. Employee Certifications and Informed Consent Waiver:**

- ❖ Understand and comply with the rules governing participation in the Bicycle Subsidy Program; sign and date form. During the months in which you receive/request the Bicycle Subsidy, you are ineligible for the other transportation benefits (transportation in a commuter highway vehicle, transit subsidy or qualified parking benefits).

### **D. Transit Subsidy Coordinator Certification:**

- ❖ Certify application and file as appropriate.

If you have additional questions please contact your Transit Subsidy Office Coordinator.

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