



Bike Program Application

Thank you for riding rabbittransit. We are currently giving away bicycles to bus riders based on need. Please fill out the application to be considered to receive a free bicycle.

Name: _____
Last First Middle

Address: _____
Street

City State Zip code

Phone# _____ Social Security # _____ Date of Birth _____

1. How many people are in your household? _____
Household Income _____

2. Have you received help from the County Assistance Office? Yes No
When _____
What Type _____
Case Worker's Name _____

3. Where is the nearest bus stop and bus route to your home? _____

4. Are you currently employed Yes No
If yes, name of Employer _____
Address of Employer _____

5. This bike will be used for (Select all that Apply)
 Work Doctor Shopping Social Service
 Other Explain _____

6. How often do you ride rabbittransit?

Everyday Every Business Day Between 2 to 4 times per week

Between 2 to 4 times per month Once Per Month

Less than once per month Never

I understand that if I am given a bike that I am responsible to maintain this bike and not abandon the bike within the community. I understand if I no longer need this bike, I can return it to rabbittransit.

Your application will be reviewed within 2 weeks of receipt. You will be contacted if you are selected to receive a bike.

Signature _____ Date _____

Return to
rabbittransit
1230 Roosevelt Ave
York, PA 17404
Attn: Mobility Coordinator

Questions? Call 849-0703