Department of Veterans Affairs

TRANSIT BENEFIT CERTIFICATION FORM

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 1010-506. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. 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 matched with lists of Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with VA or any other Federal agency.

CERTIFICATION: I hereby certify the following: (1) I am employed by the Department of Veterans Affairs. (2) I am not named on a worksite parking permit with VA or any other Federal Agency. (3) I am eligible for a public transportation fare benefit. (4) I will be using it for my regular daily commute to and/or from work, and will not transfer it to anyone else. (5) The monthly transit benefit I am receiving does not exceed my average monthly commuting cost (based on a 20-day month commuting by public transportation). (6) During any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. (7) If my commuting costs per month on public transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month. *(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 and/or agency disciplinary actions up to and including dismissal.)*

NOTE: Fare media becomes the property and responsibility of authorized participants upon receipt. Subsequent to this transaction, no refund, replacement, redemption, or exchange by the transit benefit office of any kind will be permitted for any reason or circumstance, subject to the terms of the local program. No exceptions.

DATE	PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	EMPLOYEE SOCIAL SECURITY NUMBER	HAVE YOU CHANGED YOUR HOME ADDRESS OR VA OFFICE?		AMOUNT OF FARE BENEFITS
				YES	NO	
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
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