

# 2026 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: [info@rideWOTA.org](mailto:info@rideWOTA.org) Office Phone: (248) 887-4979

## Low Income Qualification for Families ONLY

Salary of household within the last 12 months: \_\_\_\_\_

Number of \_\_\_\_\_ members in my family (including myself) I am supporting.

| Number of Household Members | 150% Poverty Maximum (Annual Income) |
|-----------------------------|--------------------------------------|
| 1                           | \$23,940                             |
| 2                           | \$32,460                             |
| 3                           | \$40,980                             |
| 4                           | \$49,500                             |

*This table lists the 2026 household income limits at 150% of the federal poverty level by household size.*

## Minor Consent Form

Please complete the following information on behalf of the minor.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Please circle the appropriate gender: Male or Female

Please list all disabilities below: (Must complete disability forms if applicable)

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I/We authorize that my child to allowed to travel **with the following adult(s) named below:**

Adult Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

***Absolutely no minors travel alone. All minors (regardless of age) and accompanying adults must have a completed registration form on file.***

I/We authorize that I/we are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardians of the above mentioned my child by our signature below.

Parent / Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Full Name (Print): \_\_\_\_\_