

ACCESS PROGRAM APPLICATION FORM

INSTRUCTIONS

1. All information included on this application will be kept confidential and will only be used to determine the applicant’s eligibility to participate in the program.
2. All applicants must meet the following requirements:
 - A. Currently receiving public assistance from the Hawaii State Department of Human Services: SNAP, TANF, TANOF, GA, Child Care Subsidies or AABD.
 - B. Have a valid, active phone number and email address.
 - C. Have a valid government issued ID
 - D. Not have a current outstanding balance on an existing/cancelled Biki Account
 - E. Hawaii residency
3. Please submit all required documents and applicable prepayments in order to be considered. The required documents are as follows:
 - A. Completed application form. All sections of this application form must be filled out before it can be processed.
 - B. A copy of a valid and current government issued ID
 - I. If ID is not a Hawaii-Issued ID, applicant must provide proof of residency. Acceptable forms of verification include:
 - Utility bill dated within the last 3 months or;
 - Bank statement issued within the last 3 months or;
 - A piece of mail received to a Hawaii Residence issued to the applicant postmarked within the last 3 months.
 - C. A copy of your Benefits Award Letter (BAL) or Benefits History Letter (BHL)
 - D. \$10.00 plus any applicable general excise taxes as payment for your first month’s service (if paying in cash).
 - E. A signed copy of the BIKI User Agreement and Addendum A (copies can be obtained at our Office or online at gobiki.org.)
4. Limit of 1 pass per qualifying applicant. However, if you are applying for this plan, you can also request a pass for children of the ages of 16 and 17 years old. We do not allow children under the age of 16 to ride.
5. Once your application has been reviewed, you will be informed of your application status by the 4th day of the calendar month by phone. It is important that your phone service continue to be working through your application enrollment period otherwise the application will be closed. If your application is approved, your Biki membership will be active on the 5th day of the calendar month, if payment is received. Those paying by debit or credit card will receive a link to pay by card online.
6. If your application is not able to be processed for any reason, any prepayment made in cash will be available for pick up from the 5th –20th of the month you would have enrolled. If you do not pick up your prepayment by the 20th of that month, a check will be mailed to the mailing address on your application.

For Office Use Only (please leave blank)	
Form of Payment: Cash / Debit or Credit	
Biki Pass# _____	Receipt ID: _____
Receiving Rep: _____	Agent Rep: _____
Date: _____	Activation Date: _____

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PERSONAL INFORMATION (please print clearly)	
Applicant's Full Legal Name (Last, First, M.I.): _____	
Parent/Legal Guardian Full Legal Name, if applying for a minor (Last, First, M.I.): _____	
MAILING ADDRESS:	
Street Address: _____ Unit No _____	
City: _____ State: _____ Zip Code: _____	
BILLING ADDRESS:	
<input type="checkbox"/> Same as Mailing Address (check box if Billing Address is same as Mailing address)	
Street Address: _____ Unit No _____	
City: _____ State: _____ Zip Code: _____	
Phone Number: _____	Email Address: _____
Birthdate (mm/dd/yyyy): _____	Gender: Male / Female / Prefer Not To Say
Are you a resident of the State of Hawaii? Yes / No	How many people live in your household?
Do you have/have you had a Biki Account? Yes / No / Not Sure	If Yes, what plan?

The Biki team is partnering with Waikiki Health, a community health center, to measure the impact bikeshare has on their patient's health and well-being, as well as to understand their patient's barriers to bikeshare. Please check this box if you receive services from Waikiki Health and give Bikeshare Hawaii and Secure Bike Share Hawaii permission to share your trip history with Waikiki Health. Your name and identifying information will NOT be shared with this data.

DECLARATION

I declare that all the information provided herein is accurate, true and correct to the best of my knowledge.	
Signature of Applicant: _____	Date: _____
Signature of Parent/Guardian of Applicant (if under 18): _____	Date: _____