



Meadowlands Transportation Brokerage Corporation
 144 Park Pl East, Wood-Ridge, NJ 07075
 Phone (201) 939-4242
 Website: www.ezride.org
 Email: info@ezride.org

EZ Wheels4Work Program – Application Form

The EZ Wheels4Work program provides a used, refurbished bicycle to individuals with limited financial resources for work-related transportation. All applicants must be referred to EZ Ride by a nonprofit or human services organization based in Bergen, Essex, Monmouth, Passaic, or Union County. We have a limited number of bicycles and will provide them on a first-come first-served basis. The submission of this form does not guarantee a bicycle will be available or become available. We anticipate the client demand for bicycles will far exceed the supply and we will prioritize applicants who have limited transportation options and are financially challenged.

Program Guidelines:

The client must meet the following requirements:

- Resident of Essex, Bergen, Passaic, Monmouth, or Union County
- Referred by a nonprofit or human services organization from the five-county area.
- 18 years of age or older.
- Know how to ride a bicycle.
- Employed or actively seeking employment.
- Use the bicycle to get to and from work
- Worksite **must be safely accessible** by bicycle. EZ Ride is not responsible for client’s safety while riding.
- Attend a 30-minute EZ Ride cycling safety education session.

**Client must complete this Application Form and mail/email it to EZ Ride.
 Indicate “EZ W4W” with Client’s name in the Subject Line.**

1. Referring Nonprofit / Human Services Organization **

Name: _____

Address	City, State, Zip
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_____	_____
Agency Contact First Name	Agency Contact Last Name

_____	_____
Phone	E-mail

***Please note, EZ Ride will contact the referring organization to verify the information provided.*

2. Client Information:

_____		_____	
First Name		Last Name	
_____		_____	
Height (For bicycle sizing)	Head Circumference (For Helmet Fit)	Gender (For bicycle selection)	
_____		_____	
Address		City/State/Zip	
_____		_____	
Phone		E-mail	
_____		_____	

3. Employer - Company Name (if working): _____

_____		_____	
Supervisor Email		Address City/State/Zip	
_____		_____	
Work Phone		Supervisor's Name & Phone Extension	

If the client is currently looking for a job, please provide the names and locations of places where you have applied or had a job interview:

_____		_____	
Prospective Employer		City/State	
_____		_____	
Prospective Employer		City/State	

4. What type of transportation do you currently use to get to work, which the bicycle would replace or supplement? (e.g., bus, walk, carpool, etc.)

5. In a typical workweek, how often will you use the bicycle to commute to work?

6. How far is your workplace from home (in miles)?

7. What other destinations would the bicycle help you to access?

SIGNATURE: _____

DATE: _____