

Transit Subsidy Program

Federal Housing Finance Agency
Office of the Inspector General

RECERTIFICATION AND/OR CHANGE

Last Name		First Name		MI
Home Address		City		State
Office	Work Address		Room No.	Work Phone

SECTION II: CHECK ALL CATEGORIES THAT APPLY TO YOU

- | | | |
|--|--|---|
| <input type="checkbox"/> TRANSPORTATION CHANGE | <input type="checkbox"/> ADDRESS CHANGE | <input type="checkbox"/> NAME CHANGE |
| <input type="checkbox"/> FARE INCREASE | <input type="checkbox"/> ALTERNATE SCHEDULE CHANGE | <input type="checkbox"/> PARKING CHANGE |
| <input type="checkbox"/> FARE DECREASE | <input type="checkbox"/> _____ | |

SECTION III: TRANSIT PROVIDER/COST INFORMATION

NAME OF TRANSIT PROVIDER(S)	STATION OR STOP YOU COMMUTE FROM	
1.		Per Round Trip Cost \$
2.		Per Round Trip Cost \$
		Total Daily Transit \$

SECTION IV: METRO/RAIL PARKING **YES / NO** \$4.50 per day x 23 Days

SECTION V: EMPLOYEE CERTIFICATION

WARNING: 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 under Title 18, United States Code, Section 1001, Civil Penalty Action providing for administrative recoveries of up to \$5,000 per violation, and/or agency disciplinary actions up to and including dismissal.

- I certify that I am an employee of the Federal Housing Finance Agency Office of the Inspector General (FHFA-OIG) and not an employee of a company under contract with FHFA-OIG.
- I certify that I am not named on a parking permit with FHFA-OIG (other than a motorcycle parking permit), another Federal agency, or commercial parking facility; except a permit assigned to an eligible vanpool.
- **I certify that I will use the transit subsidy for my commute to and/or from work only, and I will not sell or give it to anyone else.** _____ ← (Initial)
- I certify that my monthly cost to commute to/from work via mass transportation is based on 23 workdays.
- **I certify that I will update my work schedule upon any changes that may occur.**
- I certify that I will not collect transit subsidy for the month that I separate from FHFA-OIG or transfer to the field; unless my departure date is in the 3rd or 4th week of that month.
- I understand that I must reimburse FHFA by personal check, money order, or salary offset for any subsidy issued to me for which I am not entitled.
- **I understand that I am not entitled to transit subsidy for the days I am on travel, off-site training, or on extended sick/annual or other leave.**

Employee Signature _____ Date _____

Transit Subsidy Office Action: Approved ___ Not Approved ___ Subsidy Amount \$ _____

(Signature)

(Printed Name)

(Date)

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval or your request for a mass transit fare subsidy. 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 used to ensure your eligibility in the FHFA-OIG Transit Subsidy Program, as well as matched with list at other Federal agencies to ensure that you are not listed on a worksite permit for which you are not eligible.