

ACE Community Assistance Program Application Form



This Community Assistance Program (CAP) application is for qualifying applicants who meet the following criteria: 1. 13 – 64 years old, 2. not be eligible for the ACE Discount ticket program*, and 3. have a household income at or below 200% Federal Poverty Income Levels and requesting an entitlement to purchase tickets on the ACE Mobile App or inperson at approximately 50% off regular fares.

Section 1. Ap	pplicant Informa	ation			
Name:	Birth Date:				
Address:					
	Street Address				Apartment/Unit #
Phone:	City		Email	State	ZIP Code
Mobile App ID: Download ACE Ra		lobile Device's Application S			
Signature:				Dat	e:
I attest that the		application is true and receiving the benefits o			n misstatement of fact will disquali Program.
Section 2. Co	ertification of E	ligibility	_	_	_
CBO Name:	nnel Street, Stockt	on, CA 95202 during T	icketing hours	of 8am- 5pm, Moi	nday- Friday.
CBO Address:	Street Address				
	City			State	ZIP Code
CBO Verificati	ion ID#				
	Entitlement is v	alid while CAP funding i	is available or Ju	ne 30, 2024 from c	date of approval.
*See acerail.com f	or eligibility and age re	quirements for other ACE D	iscount Programs a	vailable.	
ACE Office L	Jse Only				
Date Received:		Received by Print Name:			
Date Processed:		Processed by Print Name			

Original Form must be mailed or dropped off at ACE Headquarters: Attn: ACE Ticketing Dept;949 E. Channel Street, Stockton, CA 95202-2820 Please allow 3 to 5 business days for application to be reviewed