

Verification Form - \$100 Gas Card Program Carpool Log



Use this log to track the number of days you carpool to work. Below are 2 blank months. Fill in all of the blanks as per the example below. Be sure to write in the name of the month and mark the date you carpooled by writing CP (carpool) on the day of the week with the name of the person(s) with whom you carpooled. Be sure to complete **all** of the additional information. When the two month period is finished you may send the completed form to imorales@hudsontma.org, fax to 201-795-0240, or mail to Hudson TMA 574 Summit Ave, 5th Fl. Jersey City, New Jersey 07306. The gas card can not be processed unless we receive the completed form. The program has limited funding and is on a first come first served basis; send it in as soon as you qualify. Logs received after 45 days past their due date or 105 days after the initial carpool registration, cannot be accepted. Participants will have to re-apply for the program from the beginning.

Remember: to receive a gas card, you must carpool 24 days over a 2 consecutive month period (a minimum of 3 days per week). If you have any questions you can call the TMA at 201-792-2825.

Example: Month-May

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.
7	8	9 CP Smith	10	11 CP Smith	12 CP Smith	13

Month: _____

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.

Month: _____

Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.

Your Name: _____

Address: _____

Phone # & Best Time to Call _____ (weekday only)

Employer: _____

Employer Address: _____

Carpool Partner(s) _____

Name & Phone #: _____

Name & Phone #: _____

Name & Phone #: _____