



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY
FOR FREE YOUTH PASS FOR 2017/2018 SCHOOL YEAR**

To verify the eligibility of your child/children to participate free of charge in the Marin Transit Youth Pass Program, parent(s) / guardian(s) must certify that their household income is at or below the following levels. *The information on this application is confidential.*

Name of School _____

Name(s) of Child/Children _____ Grade(s) _____

Circle the appropriate Salary Range and Household Size in the table below:

FREE MARIN TRANSIT YOUTH PASS ELIGIBILITY SCALE					
Household Size (Number in Household)	Yearly Salary	Monthly Salary	Twice per Month Salary	Every two Weeks Salary	Weekly Salary
1	\$22,311	\$1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:					
	+ \$7,733	+ \$645	+ \$323	+ \$298	+ \$149

Certification by Parent(s) / Guardian(s):

I / We certify that my child is / children are eligible for the free school transportation program as outlined above and that our eligibility is at or below the **Yearly / Monthly / Twice Per Month / Every Two Weeks / Weekly Salary (as circled above in the Free Marin Transit Youth Pass Eligibility Scale).** I / We agree that the Youth Pass provided by Marin Transit through the Youth Pass Program will be utilized for the sole and express use of the above student(s). I / We agree that the Youth Pass obtained through this program cannot be sold, transferred, or given away and should such an occurrence take place, I / We understand that our child / children will no longer be eligible to participate in the Marin Transit Youth Pass Program.

Signature(s) of Parent(s) / Guardian(s)

Date

Signature(s) of Student(s)

Date

Return Completed Application To The School/District Youth Pass Coordinator