



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY
FOR FREE YOUTH PASS FOR 2018/2019 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	\$22,459	\$1,872	\$936	\$864	\$ 432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add:					
	+ \$7,992	+ \$666	+ \$333	+\$308	+ \$154

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