



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY  
FOR FREE YOUTH PASS FOR 2020/2021 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
<b>1</b>	\$23,606	\$1,968	\$984	\$908	\$454
<b>2</b>	\$31,894	\$2,658	\$1,329	\$1,227	\$614
<b>3</b>	\$40,182	\$3,349	\$1,675	\$1,546	\$773
<b>4</b>	\$48,470	\$4,040	\$2,020	\$1,865	\$933
<b>5</b>	\$56,758	\$4,730	\$2,365	\$2,183	\$ 1,092
<b>6</b>	\$65,046	\$5,421	\$2,711	\$2,502	\$ 1,251
<b>7</b>	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
<b>8</b>	\$81,622	\$6,802	\$3,401	\$3,140	\$ 1,570
<b>For each additional family member, add:</b>					
	+ \$8,288	+ \$691	+ \$346	+\$319	+ \$160

**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**