



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY  
FOR FREE YOUTH PASS FOR 2019/2020 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 <i>(Number in Household)</i>	Yearly Salary	Monthly Salary	Twice per Month Salary	Every two Weeks Salary	Weekly Salary
<b>1</b>	\$23,107	\$1,926	\$963	\$ 889	\$ 445
<b>2</b>	\$31,284	\$2,607	\$1,304	\$1,204	\$602
<b>3</b>	\$39,461	\$3,289	\$1,645	\$1,518	\$759
<b>4</b>	\$47,638	\$3,970	\$1,985	\$1,833	\$917
<b>5</b>	\$55,815	\$4,652	\$2,326	\$2,147	\$ 1,074
<b>6</b>	\$63,992	\$5,333	\$2,667	\$2,462	\$ 1,231
<b>7</b>	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
<b>8</b>	\$80,346	\$6,696	\$3,348	\$3,091	\$ 1,546
<b>For each additional family member, add:</b>					
	+ \$8,177	+ \$682	+ \$341	+\$315	+ \$158

**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**