



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY  
FOR FREE YOUTH PASS FOR 2009/2010 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 the application is confidential.*

Name of School \_\_\_\_\_

Name of Child/Children \_\_\_\_\_

Circle of 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>	\$20,036	\$1,670	\$835	\$771	\$386
<b>2</b>	\$26,955	\$2,247	\$1,124	\$1,037	\$519
<b>3</b>	\$33,874	\$2,823	\$1,412	\$1,303	\$652
<b>4</b>	\$40,793	\$3,400	\$1,700	\$1,569	\$785
<b>5</b>	\$47,712	\$3,976	\$1,988	\$1,836	\$918
<b>6</b>	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
<b>7</b>	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
<b>8</b>	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
<b>For each additional family member, add:</b>					
	+ \$6,919	+ \$577	+ \$289	+\$267	+ \$134

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

I / We certify that my child / children is/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 (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 of Student

\_\_\_\_\_  
Date

**Return Completed Application To The School/District Youth Pass Coordinator**