



## PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY FOR FREE YOUTH PASS FOR 2013/2014 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 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>	\$21,257	\$1,772	\$886	\$818	\$409
<b>2</b>	\$28,894	\$2,392	\$1,196	\$1,104	\$552
<b>3</b>	\$36,131	\$3,011	\$1,506	\$1,390	\$695
<b>4</b>	\$43,568	\$3,631	\$1,816	\$1,676	\$838
<b>5</b>	\$51,005	\$4,251	\$2,126	\$1,962	\$981
<b>6</b>	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
<b>7</b>	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
<b>8</b>	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
For each additional family member, add:					
	+ \$7,437	+ \$620	+ \$310	+\$287	+ \$144

### **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**