marin transit

PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY
FOR FREE YOUTH PASS FOR 2021/2022 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) <u>must certify that their household income is at or below the following levels</u>. *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:

Household Size (Number in Household)	FREE MARIN TRANSIT YOUTH PASS ELIGIBILITY SCALE				
	Yearly Salary	Monthly Salary	Twice per Month Salary	Every two Weeks Salary	Weekly Salary
1	$23,828	$1,986	$993	$917	$459
2	$32,227	$2,686	$1,343	$1,240	$620
3	$40,626	$3,386	$1,693	$1,563	$782
4	$49,025	$4,086	$2,043	$1,886	$943
5	$57,424	$4,786	$2,393	$2,209	$ 1,105
6	$65,823	$5,486	$2,743	$2,532	$ 1,266
7	$74,222	$6,186	$3,093	$2,855	$1,428
8	$82,621	$6,886	$3,443	$3,178	$ 1,589
For each additional family member, add:					
	+ $8,399	+ $700	+ $350	+$324	+ $162

Families of students receiving Marin Transit's Free Youth Pass are now eligible to participate in Marin Transit's Free Pass pilot program to receive up to 3 free monthly passes for use on Marin Transit local bus service.

☐ I would like to opt in for Marin Transit Monthly Pass pilot program to receive monthly passes in mail.
Provide your name and mailing address: _____

☐ I would like to participate Marin Transit Monthly Pass pilot program but prefer not to provide a mailing address.
Provide email address or phone number for staff to coordinate a pickup: _____

Interested participants in Free Pass pilot program must submit completed application by no later than <u>October 15, 2021</u>. Forms received after Oct 15, 2021 and/or incomplete forms will not be processed for participation in the pilot program.

<u>**Certification by Parent(s) / Guardian(s):**</u>
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 and Monthly Passes 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