



**PARENT(S)/GUARDIAN(S) CERTIFICATION FOR ELIGIBILITY  
FOR FREE YOUTH PASS FOR 2023/2024 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>	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
<b>2</b>	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
<b>3</b>	\$ 45,991	\$ 3,833	\$ 1,917	\$ 1,769	\$ 885
<b>4</b>	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
<b>5</b>	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
<b>6</b>	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
<b>7</b>	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
<b>8</b>	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
<b>For each additional family member, add:</b>					
	+\$ 9,509	+\$ 793	+\$ 397	+\$ 366	+\$ 183

**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**