

**APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION
MT. DIABLO UNIFIED SCHOOL DISTRICT**

Transportation Department
1490 Gasoline Alley, Concord, CA 94520
(925) 825-7440 x3701 • FAX (925) 825-7445

INSTRUCTIONS FOR FILLING OUT APPLICATION FOR FREE BUSING

(Not available for Foothill or Northgate)

In order for your application to be processed, please do the following:

PROVIDE VERIFICATION OF INCOME FROM ALL SOURCES, INCLUDING THE FIRST PAGE OF YOUR CURRENT INCOME TAX RETURN.

Read these instructions and then complete the other side of this form. PLEASE PRINT INFORMATION.

List all family members. A family consists of parents & their dependent children living in the home and are supported by that family income.

Monthly income: List all income received last month, on the same line with the person who received it, in the appropriate column. You must list gross income **BEFORE** all deductions for taxes, social security, etc. Include all jobs. Any increase in income must be reported to the Transportation Department.

FARMERS, SELF-EMPLOYED, AND SEASONAL WORKERS: If you received higher or lower than usual income last month, please list your expected average monthly income (bring income verification for 3 months and the first page of your most current tax return, so we may establish an average).

NO PASSES ISSUED WITHOUT PROOF OF INCOME.

Examples of proof of income: Notice of Action Form from Contra Costa County a) for AFDC (include food stamp amount) or for foster child care; pay stubs; form from SSI/SSA with dollar amount. **All applicants, please submit the first page of your most current income tax return.**

FAMILY SIZE

GROSS INCOME SCALE

	<u>Weekly</u>	<u>Monthly</u>
1*	\$ 260	\$ 1,127
2	350	1,517
3	440	1,907
4	530	2,297
5	620	2,687
6	710	3,077
7	800	3,467
8	890	3,857
For each additional family member add:	\$ 90	\$ 390

*A household of one means a student who is his or her sole support. Foster children or wards of the court are one member households only if the welfare/placement agency maintains legal responsibility for the child.

FILL OUT APPLICATION ON BACK OF FORM

8/26/08 – 6/10/09

APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION

(Please print - instructions are on reverse side of this form)

LIST ALL FAMILY MEMBERS & INCOME: FATHER/MOTHER/DEPENDENT CHILDREN				MONTHLY EARNINGS FROM WORK before deductions *	MONTHLY PENSIONS RETIREMENT SOCIAL SECURITY (SSI/SSA)	MONTHLY WELFARE, FOOD STAMPS CHILD SUPPORT, ALIMONY, UNEMPLOYMENT **	CURRENT COPY OF INCOME TAX REQUIRED
LIST ALL STUDENTS REQUIRING BUS PASSES							
Last Name	First Name	School	Grade				
LIST OTHER FAMILY MEMBERS		RELATIONSHIP TO STUDENT					
NO PASSES ISSUED WITHOUT PROOF OF INCOME							
Parent /Guardian Name (circle one)				Home Phone ()			
				Work Phone ()			
Street Address			City		Zip Code		
AM BUS STOP				PM BUS STOP			

* Wages/salaries/tips, strike benefits, or worker's compensation, net income from self-owned business or farm

** Disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, any other income

OFFICE USE ONLY:	
Income verification provided to:	
Total Monthly Income \$	
Family Size	Date
Qualifies for free <input type="checkbox"/> Yes <input type="checkbox"/> No	