

ELIGIBILITY CRITERIA

1. BURBANK RESIDENCY

Applicant Must Be a Burbank Resident

PROOF OF RESIDENCY

Current Burbank Water & Power utility bill or a verifiable residential rental/lease agreement - further documentation will be required to verify residency requirement.

VALID PHOTO IDENTIFICATION

Driver License Identification Card or Identification Card

2. INCOME QUALIFICATION FY 2025/2026

Applicant's Annual Gross Household

Income *Must be under current income limits*

Household Size	Annual Income	Household Size	Annual Income
1	\$75,034	5	\$109,857
2	\$82,537	6	\$120,842
3	\$90,971	7	\$132,927
4	\$99,870	8	\$146,219

PROOF OF HOUSEHOLD SIZE AND TOTAL GROSS HOUSEHOLD INCOME

An Internal Revenue Tax Return Transcript for Tax Year 2024 must accompany a Burbank PASS application. Only Tax Return Transcripts will be accepted, unless a Section 8 Housing Agreement Notice is provided.

Tax Return Transcripts may be requested:

1. ONLINE

www.IRS.gov/individuals/get-transcript
(Immediate Download)

or

2. BY PHONE

Call 1-800-908-9946

(Receive transcript within 5-10 days).

The **Burbank Program, Activity, and Service Subsidy (PASS)** Program invites Burbank residents, who meet residency and annual household income criteria, to apply for the opportunity to participate in Burbank programs, activities, and services at subsidized costs.

BURBANK PASS BASICS

PROGRAM TERMS

- Program year funds are accessible from July 1 - June 30.
- Applications are accepted year-round and approved until funding is depleted.

SUBSIDY AMOUNTS

- Applicants may receive a subsidy of up to \$400 per eligible individual per fiscal year - with a limit of \$1,200 per household.

HOUSEHOLD SIZE	SUBSIDY ALLOCATION
1	\$400
2	\$800
3+	\$1,200

- Subsidy amounts vary from 40%-80% depending on the activity or service. Any balance due after the subsidy is applied is payable by the participant at the time of registration.
- BurbankBus Senior and Disabled Transit Services (\$1.00 per ride) is fully subsidized by PASS. Applicants must meet the proper age (62+) or disability requirements.
- Parent(s) may request an allocation transfer for a maximum of \$200 per household, from parent(s) to child or children. Transfer requests are ONLY approved during the application process.
- PASS participants are responsible for requesting subsidy for a class or activity prior to registration by submitting a Registration Request Form.
- Funds cannot be applied retroactively or reimbursed for any classes, activities, or programs paid for while not on PASS.

INELIGIBLE PROGRAMS AND SERVICES

Included but are not limited to: Basic Utility Services already included in BWP's Lifeline Program and Project Share, Building Permits and Fees, Penalties and Fines, Special Event Admissions, Burbank Senior Activity Card, Burbank Tennis Center, DeBell Golf Course, Roller Hockey Rink, Recreation Class Material Fees, Go! Party, and Facility Rentals.

FOR MORE INFORMATION AND APPLICATION

For questions regarding the application approval process, please visit www.BurbankCA.gov/BurbankPASS or contact the PASS Administrator via email at BurbankPass@BurbankCA.gov or by telephone at **818.238.5317**.



CITY OF BURBANK PASS PROGRAM APPLICATION

HOUSEHOLD'S MAIN APPLICANT INFORMATION

Must be 18 years old or over to apply - Complete one application form per household.

Main Applicant - Last Name	Main Applicant - First Name	Date Submitted: ____/____/____
Have You Ever Applied to the Burbank PASS Program? <input type="checkbox"/> No <input type="checkbox"/> Yes		Gender: M / F
Date of Birth: ____/____/____	Household Size:	How did you hear about us?
Address:		Zip:
Phone: ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Email Address:

MEMBERS OF THE HOUSEHOLD

Please list ALL household members (even those members not planning on participating in classes or services).
Members of your household include everyone listed on your 2024 income tax returns.

Main Applicant - Last Name, First Name	<input type="checkbox"/> I would like to request a transfer of my funds to my child/children.	OFFICE USE ONLY
<input type="checkbox"/> Recreation Classes <input type="checkbox"/> Aquatics Classes <input type="checkbox"/> Transportation (Bus) <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Building <input type="checkbox"/> Fire Department <input type="checkbox"/> Public Works <input type="checkbox"/> Other <input type="checkbox"/> None		

Last Name	Relationship to Main Applicant	OFFICE USE ONLY
First Name	Birthdate MM/DD/YY	
<input type="checkbox"/> Recreation Classes <input type="checkbox"/> Aquatics Classes <input type="checkbox"/> ASD-After School Program <input type="checkbox"/> Day Camps <input type="checkbox"/> Transportation (Bus) <input type="checkbox"/> Other <input type="checkbox"/> None		

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(ATTACH ADDITIONAL FORMS IF NECESSARY)

ACKNOWLEDGMENT

The information provided is true and correct. Any falsification of information will be cause for immediate and automatic disqualification of any current and future Burbank PASS Program opportunities. I understand that the signature below affirms to the best of my knowledge that the above statement is true. I have read the requirements and acknowledge a two-week approval process.

APPLICANT NAME (PRINT)

SIGNATURE

DATE



APPROVED BY:

DATE: