

## ELIGIBILITY CRITERIA

### 1. BURBANK RESIDENCY

#### Applicant Must Be a Burbank Resident

##### VALID PHOTO IDENTIFICATION

Driver License, Identification Card, or Passport

##### PROOF OF RESIDENCY

Current utility bill from Burbank Water & Power or Socal Gas; or a verifiable residential rental/lease agreement. Further documentation may be required.

### 2. INCOME QUALIFICATION\* FY 2021/2022

#### Applicant's Annual Household Income Must Meet Current Income Limits

HOUSEHOLD SIZE	ANNUAL INCOME	HOUSEHOLD SIZE	ANNUAL INCOME
1	\$69,580	5	\$101,871
2	\$76,538	6	\$112,059
3	\$84,191	7	\$123,265
4	\$92,610	8	\$135,591

##### PROOF OF HOUSEHOLD SIZE

State or Federal program document that indicates household size. i.e. Tax return, birth certificate, or a passport for every person in the household

##### PROOF OF HOUSEHOLD INCOME

- Most recent year's Tax Return
- W - 2 and last two paycheck stubs with Year to Date earnings for all wage earners living in the household.
- If applicable, provide award letter from the Department of Social Services; State Disability; Social Security Benefit; Pension; Supplemental Security Income (SSI); Unemployment Benefits, etc.

\*The Section 8 Housing Assistance Payments Contract Amendment Notice document may be provided in lieu of Income Qualification (item #2).

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.

Please visit the City website for eligible programs, subsidy amounts and application at: [www.burbankca.gov/burbankpass](http://www.burbankca.gov/burbankpass)

## BURBANK PASS BASICS

### PROGRAM TERMS

- Program funds are accessible from July 1 - June 30.
- Applications are accepted year-round and approved until funding is depleted.
- Renewal applications are accepted starting April 15 for funding beginning July 1, 2021.

### SUBSIDY AMOUNTS

- The subsidy allocation does not cover the entire cost of a class, activity, program, or service. 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.
- Note: BurbankBus Senior and Disabled Transit Services (\$1.00 per ride) are fully subsidized by PASS. \*Applicants must meet the proper age or disability requirements.
- Applicants may receive a subsidy of up to \$400 per eligible individual per fiscal year - with a limit of \$1,200 per household. (see chart below)
- The main applicant may request a one-time transfer of up to \$200 to a child(ren) from their allocation. Transfer requests are ONLY approved during the application process.
- The transferred amount may not be used for Child Care (i.e. Afterschool Daze Programs, Winter Daze, Spring Daze, or Summer Daze Camps).
- PASS participants are responsible for requesting subsidy for a class or activity prior to registration by submitting a Registration Request Form.

### 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, Starlight Bowl Concerts, Burbank Senior Activity Card, Senior Day Trips, Recreation Class Material Fees, Tennis Classes, Golf Classes, Go! Party, and Facility Rentals.

## FOR MORE INFORMATION AND APPLICATION

For questions regarding the application and approval process, please visit [www.burbankca.gov/burbankpass](http://www.burbankca.gov/burbankpass) or contact the PASS Administrator via email at [BurbankPass@burbankca.gov](mailto: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 older 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 What Year(s)?			Gender: M / F
Date of Birth: _____/_____/_____	Household Size:	Number of Adults:	Number of Children Under 18:
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). Indicate program preferences by checking appropriate box.

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		

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		

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		

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		

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		

(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:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

THIS CHECK LIST WILL ASSIST THE APPLICATION PROCESS. PLEASE INDICATE, BY CHECKING THE BOX, THE DOCUMENTATION YOU ARE SUBMITTING. THANK YOU	PASS USE ONLY	
Provided information for the Main Applicant of the Household <input type="checkbox"/>		
If the Main Applicant (mother, father, or guardian) is interested in transferring up to \$200 of their eligible funds to a child/children, was the <b>Transfer box</b> marked? <input type="checkbox"/>		
Listed the names of everyone in the household - even members not registering for classes <input type="checkbox"/>		
<b>Applicant - Proof Burbank Residency</b> – <i>Provided one of the following:</i>		
<input type="checkbox"/> Burbank Water & Power Bill OR		
<input type="checkbox"/> SoCal Gas Bill OR		
<input type="checkbox"/> I'm unable to provide a utility bill, a residential rental/lease agreement is provided. I understand additional documents will need to be provided.		
<b>Applicant - Valid Picture Identification Card</b> – <i>Provided one of the following:</i>		
<input type="checkbox"/> Driver's License OR		
<input type="checkbox"/> Identification Card OR		
<input type="checkbox"/> Passport		
<b>Documentation of Household Size*</b> – <i>Provided one of the following State or Federal Program document that indicates household size, such as:</i>		
<input type="checkbox"/> Tax Return for the Household OR		
<input type="checkbox"/> Birth certificate for every person in the household OR		
<input type="checkbox"/> Passport copies for every person in household		
<b>Documentation of Household Income*</b> – <i>Provided the following documentation to suffice requirement:</i>		
<input type="checkbox"/> Most recent year's Tax Return OR		
<input type="checkbox"/> <b>W-2 and last two paycheck stubs</b> with <b>Year to Date</b> earnings for all wage earners living in the household AND		
<input type="checkbox"/> Provide verification from these sources if you receive assistance from Department of Public Social Services; State Disability, Social Security Benefit; Pension, Supplemental Security Income; Unemployment Benefits.		
<i>* The Section 8 Housing Assistance Payments Contract Amendment Notice may be provided in lieu of this item – Please provide Section 8 Documentation</i>		
<b>Submission by fax 818.238.5321 or online link at: <a href="http://www.burbankca.gov/burbankpass">www.burbankca.gov/burbankpass</a></b>		
<input type="checkbox"/> Removed social security numbers from all documents		
<input type="checkbox"/> The online submission packet is in one of these formats: PDF, JPG, TIFF, or Word		
<b>FOR OFFICE USE ONLY</b>		
<b>Date Rec'd _____ E-mail Notification _____</b>		