

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 Transfer box marked? <input type="checkbox"/>		
Listed the names of everyone in the household - even members not registering for classes <input type="checkbox"/>		
Applicant - Proof Burbank Residency – <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.		
Applicant - Valid Picture Identification Card – <i>Provided one of the following:</i>		
<input type="checkbox"/> Driver's License OR		
<input type="checkbox"/> Identification Card OR		
<input type="checkbox"/> Passport		
Documentation of Household Size* – <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		
Documentation of Household Income* – <i>Provided the following documentation to suffice requirement:</i>		
<input type="checkbox"/> Most recent year's Tax Return OR		
<input type="checkbox"/> W-2 and last two paycheck stubs with Year to Date 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>		
Submission by fax 818.238.5321 or online link at: www.burbankca.gov/burbankpass		
<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		
FOR OFFICE USE ONLY		
Date Rec'd _____ E-mail Notification _____		