



CITY OF BURBANK

PASS PROGRAM INFORMATION

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 2024/2025

Applicant's Annual Gross Household Income *Must Meet 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 2023 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).

See PASS Application Checklist for more information and instructions.

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.

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

- 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.
- BurbankBus Senior and Disabled Transit Services (\$1.00 per ride) is fully subsidized by PASS. *Applicants must meet the proper age (60+) or disability requirements.
- Parent(s) may request an allocation transfer of 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.

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, 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 What Year(s)?		Gender: M / F
Date of Birth: ____/____/____	Household Size:	Number of Adults:
Address:		Number of Children Under 18:
Phone: () <input type="checkbox"/> Home <input type="checkbox"/> Cell		Zip:
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: _____



PASS APPLICATION CHECKLIST

LAST NAME _____ FIRST NAME _____

This checklist is designed to assist you in gathering the necessary documents to renew your Burbank PASS application for Fiscal Year 2024-2025 (July 1, 2024 – June 30, 2025). Members of your household include everyone listed on your 2023 income tax return.

✓ PLEASE CHECK THE BOX PERTAINING TO THE DOCUMENTATION YOU ARE SUBMITTING.

<input type="checkbox"/>	Main Applicant's information section on application is complete.	
<input type="checkbox"/>	If applicable, an allocation transfer of a maximum of \$200 per household, from parent (s) to child or children, is requested.	
<input type="checkbox"/>	The names of <u>all</u> household members, including members who will not register for classes or access services, are listed on the application.	
Burbank Residency Verification – One (1) of the following is included in this packet.		
<input type="checkbox"/>	Burbank Water & Power Current (BWP) Utility Bill in my name.	
<input type="checkbox"/>	I am unable to provide a current Utility Bill in my name. I am providing a verifiable residential rental/lease agreement. I understand that additional documents will be requested to verify the residency requirement.	

Identification Verification for Adult Applicants – One (1) valid Government-Issued Photo ID Card is provided for each adult applicant.

<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Identification Card	
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Verification of Household Size and Total Gross Income* – Individual Income Tax Return Transcripts for Tax Year 2023 from the Internal Revenue Service.

<input type="checkbox"/>	<p>IRS Tax Return Transcript for Income Tax Year 2023</p> <p>Tax Return Transcripts may be requested online or by phone. There is no fee to request a transcript.</p> <ul style="list-style-type: none"> •Request and download transcript at www.irs.gov/individuals/get-transcript (immediate download) OR •Receive your Tax Return Transcript by mail within 5 – 10 days by calling the IRS automated phone transcript service line at 800-908-9946. Select Option #2 "Tax Return Transcript". You may visit the IRS transcripts page for additional information. https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them 	
<input type="checkbox"/>	*A Section 8 Housing Amendment Notice dated within the past 12 months.	

***Verification of Household Size and Total Gross Income** – The *Section 8 Housing Assistance Payments Contract Amendment Notice* is accepted in lieu of this item – Please provide current Amendment Notice dated within the past 12 months.

Date Rec'd _____ **E-mail Notification** _____ **Processed** _____