



FREE AND REDUCED PRICED TRANSPORTATION APPLICATION

To apply for the free or reduced transportation program, you must complete this form in its entirety and attach verifiable documentation of family (household) income. Following is a list of documents that will be considered as proof of income.

1. FOOD STAMP VERIFICATION – Copy of current food stamp certification notice showing eligibility period, letter from Food Stamp Office verifying eligibility or Authorization to Participate card.
2. AFDC HOUSEHOLD – Copy of AFDC warrant or letter from the welfare office verifying eligibility.
3. EARNINGS/WAGES/SALARY – (2) Two Current paycheck stubs or letter from employer stating gross wages paid and how often paid with verifying phone number.
4. SOCIAL SECURITY/PENSIONS/RETIREMENT – Social Security benefit letter or pension award notice.
5. UNEMPLOYMENT COMPENSATION/DISABILITY OR WORKER’S COMPENSATION – Copy of award letter or check stub.
6. WELFARE PAYMENTS – Benefit letter from welfare stating current eligibility and amount of award.
7. CHILD SUPPORT/ALIMONY – Court decree or agreement.
8. SELF-EMPLOYMENT INCOME – Last quarterly tax estimate and last year’s tax return..
9. ALL OTHER INCOME – If you have any other types of income, provide documents showing amount of income and how often it is received.
10. NO INCOME – If you have no income, provide a brief note explaining how you provide food, clothing and housing and when you expect an income.

CHILDREN ONLY – List the names of ALL children living at home

Name (last, first)	School (if any)	Name (last, first)	School (if any)

Fill out completely the following information for ALL members of household. Income requested for the prior month.

Name		Social Security Number	Place of Employment (Name of Company)	Monthly Gross Earnings from Work (before deductions). Include all jobs.	Pension, Retirement, Social Security, or Disability	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income
Last	First						
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$

If you need help completing this form, call the Transportation Department, 497-9511 ext. 207. Return this form with all required documentation to Conejo Valley Unified School District, Transportation Department, 1400 E. Janss Road, Thousand Oaks, CA 91362 FAX # 805-497-2581

I declare under penalty of perjury that the enclosed information is correct and represents total current household income. _____ phone #

Signature of Parent/Guardian

Print Full Name of Parent/Guardian

Address (Street)

(City)

(Zip Code)

Date