ADMINISTRATIVE PARKING CITATION HEARING

ADVANCE DEPOSIT HARDSHIP WAIVER FORM

Pursuant to the California Vehicle Code Section 40215, the individual requesting an administrative hearing of a parking violation shall deposit the amount of the parking penalty with SJSU Parking Services. In the event that an individual is unable to deposit the parking penalty and can provide satisfactory proof of his/her inability to pay the amount due, the deposit requirement may be waived.

To apply for a hardship waiver, you must provide the requested documentation at the same time you make a request for an administrative hearing. Failure to provide sufficient or correct information will result in a determination of ineligibility for this waiver. **If requesting a waiver you _must_ provide a copy of a current Federal Income Tax Return** (form 1040 / 1040A) and any additional approved income documentation demonstrating you qualify for a hardship waiver based upon the following requirements:

Hardship Qualification Requirements for 2014	
185% Federal Poverty Level	
Total Number of Dependents	**Annual Gross Income:**
1	$21,257
2	$28,694
3	$36,131
4	$43,568
5	$51,005
6	$58,442
7	$65,879
8	$73,316
For each additional dependent, add	$7,437

To verify income, in addition to a current Federal Income Tax Return individual(s) shall submit any of the following additional documents that applies to the individual(s):

1. 2012/13 Letter 1722 from the IRS for non-income adults (1-800-829-1040)

2. 2012/13 Verification of Social Security Benefits (SSA) (1-800-772-1213)

3. 2012/13 Verification of Supplemental Security Income (SSI) (1-800-772-1213)

4. 2012/13 Welfare of General Assistance eligibility (Notice of Action / Income Verification)

5. 2012/13 Documentation of Unemployment form Employment Development Department (EDD) (408-436-5600)

Note: If your annual gross income is such that you are not required by the Internal Revenue Service to file a Federal Income Tax return, then you must submit any of the documents listed 1 through 5 to substantiate your Hardship Waiver Request.

The information you provide will assist us in deciding whether you qualify for a waiver of the pre-payment requirement. Please do not send original documents. The documents you provide will not be returned to you.

The hardship waiver program is voluntary and waivers are only granted to allow the requestor the ability to schedule an Administrative Hearing without having to deposit the assessed penalty. If a hardship waiver is granted and the requestor is subsequently found liable during the Administrative Hearing all fines, penalties and fees must be paid.

Administrative Parking Citation Hearing
Hardship Waiver Request Form

Please submit completed form and all required documents
to: SJSU Parking Services
One Washington Square, San Jose, CA 95192-0166

Name:	*First* *Last*	Citation Number:	

License Plate:		Date of Citation:	

Number of Claimed Dependents (including self) as documented on attached Tax Return:		**Gross Income** as documented on attached Tax Return:	

I hereby request a waiver of the deposit requirement and request an administrative hearing for the following reason(s):

I have attached a copy of my most recent **Federal Income Tax Return (form 1040 / 1040A)** and/or the following documents verifying my income (check all that apply):

☐ **Letter 1722 from the IRS for non-income adults**

☐ **Verification of Social Security Benefits**

☐ **Verification of Supplemental Security Income**

☐ **Welfare of General Assistance eligibility**

☐ **Documentation of Unemployment form Employment Development Department (EDD)**

Note: If your annual gross income is such that you are not required by the Internal Revenue Service to file a Federal Income Tax return, then you must submit any of the documents listed 1 through 5 to substantiate your Hardship Waiver Request.

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

FOR OFFICIAL USE ONLY					
Date Initial Review Results Mailed:		Hardship Waiver Deadline (14 days):		Waiver Request Received:	
Number of Dependents (verified):		Annual Gross Income (verified):			
Income Verified Via: ☐ **Provided Tax Return** ☐ **Quarterly Income Calc (see attached)** ☐ **Other (see notes)**					
Hardship Waiver: ☐ **Approved** ☐ **Denied**		21-Day Continuance: ☐ **Approved** ☐ **Denied** ☐ **N/A**			
Notes:					

Authorized
Signature: Date: