

FOOTHILL



DE ANZA

COMMUNITY COLLEGE DISTRICT POLICE DEPARTMENT

Request for Waiver of Penalty Deposit due to Indigence

Pursuant to CVC 40215(b) & AB 503

*Please complete and sign this form as thoroughly as possible and provide all of the relevant supporting documentation to the address below. Electronic submissions will not be accepted. **Requests without supporting documentation will be rejected.** Indigence is evaluated based on the criteria described in California Vehicle Code 40220(c)(1).*

Foothill - De Anza CCD Police Department

Parking Waiver Request

Campus Center, Room 2103
12345 El Monte Road,
Los Altos Hills, California 94022

Citation Number(s): _____

Name: _____

Telephone: _____

Email: _____

Do you receive public benefits under any of the following programs?

- Supplemental Security Income (SSI)
- State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- Federal Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Supplemental Nutrition Assistance Program (also known as CalFresh or SNAP)
- California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Medi-Cal
- Monthly Income is 125 percent or less of current federal poverty guidelines: <https://aspe.hhs.gov/poverty-guidelines>

If you checked any box or answered yes to the above question, please proceed to the second page. If you did not, the citation is ineligible for a waiver of the penalty deposit and pursuant to California Vehicle Code, the full citation amount must be deposited at; <https://www.parkingticketpayment.com/fhda> to schedule an administrative hearing.

Please complete the questions below and submit supporting documentation for proof of indigence. Please do not provide social security numbers.

Employment:

- Full-time
- Part-time
- Unemployed
- Other: _____

Supported by:

- Self
- Spouse
- Parents
- Other: _____

Persons Supported:

- Self
- Spouse
- Number of Children: _____

Net income per month: \$ _____

Assets:

Bank Accounts : \$ _____
Cash on Hand: \$ _____
Other: \$ _____

Monthly Expenses:

Rent/Mortgage: \$ _____
Utilities: \$ _____
Loans/Debts: \$ _____
Transportation: \$ _____
Medical Expenses: \$ _____
Other Living Expenses: \$ _____

I hereby request a waiver of parking penalty deposit based on an inability to pay the amount due and that the hearing proceed on my citation for the reasons stated above. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that requests without supporting documentation will be rejected.

Name _____ **Date** _____

Approved

Not Approved

Reasoning: _____

Reviewed by: _____

Date _____