



SAN DIEGO STATE
UNIVERSITY

Parking & Transportation Services

Request for Waiver of Penalty Deposit due to Indigency

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. Please note, electronic submissions will be at your own risk as you are sending confidential information via unsecured email. **Requests without supporting documentation will be rejected.** Indigency is evaluated based on the criteria described in California Vehicle Code 40220(c)(1).*

San Diego State University Police Department

Parking & Transportation Services

5500 Campanile Drive

San Diego, CA 92182

Citation Number(s): _____

Name: _____

Telephone: _____

Email: _____

Please select which option you are requesting with this form:

- Administrative Hearing
- Indigency Payment Plan

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 with SDSU prior to scheduling of an administrative hearing.

Please complete the questions below and submit supporting documentation for proof of indigency. 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 _____