

OFFICE USE ONLY	
<input type="radio"/> Approved for Parking Waiver	
<input type="radio"/> Denied	
By _____	Date _____

The California State University

Request for Waiver of Campus Parking Fee



The campus parking fee may be waived for students with disabilities who have a valid DMV Disabled Person Placard or License Plate and who meet the eligibility standards based on the financial information provided on this form. *Incomplete responses will delay processing and may be cause for denial of this request.*

Instructions: If you have applied for student financial aid at this campus, please complete this section and provide your signature in Section D. If you have not applied for financial aid, complete this section, Sections A, and B or C, and D (see back side of this form for income eligibility tables.). **You must provide a copy of the registration/identification card for your DMV Disabled Person Placard or License Plate.** When you have completed and signed this request, submit it and the copy of the registration/identification card to the Student Ability Success Center (Calpulli Center 3101). **Allow 5-7 working days for your request to be processed.**

PLEASE PRINT LEGIBLY:

Name _____	Red ID # _____
Address _____	Telephone Number () _____ - _____
City _____	State _____ Zip Code _____
Campus _____	Semester/Year for which waiver is requested _____
License Plate: State _____ Number _____	Placard: State _____ Number _____
Plate/Placard Expiration Date _____	Vehicle Year & Description _____

Are you a Department of Rehabilitation client? Yes No If so, do you receive parking fee assistance? Yes No
 Are you currently receiving financial aid at this campus? Yes No

Section A

To be completed by all applicants who have NOT applied for financial aid

Were you born before January 1, 1989? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an orphan or ward of the court? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have legal dependents other than a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a graduate student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any item above, complete Section B and D.	
If you answered "No" to all items above, complete Section C and D.	

Section B

Financial information from applicant (and spouse)

Total size of your household in 2019-2020 (Include yourself, your spouse, if you are married and have dependent children living with you.) _____

Applicant's (and, if married, spouse's) total 2018 income from all sources other than financial aid (including earnings from work and benefits such as SSI, vocational rehabilitation, veteran's benefits, etc. \$ _____

Section C

Financial information from applicant's parents

If all answers in Section A are "No," applicant's parents must complete this section and sign the certification in Section D.

Total size of your parents' household in 2019-2020 (Include applicant, parents, other dependent children, and other dependents.) _____

a. Parents' adjusted gross income (AGI) for 2018 \$ _____

b. Parents' untaxed income and benefits for 2018 \$ _____

Total (a. + b.) \$ _____

Section D – Certification by Student

I (we) certify that all information reported on this application is true, complete, and accurate to the best of my knowledge.

_____ Applicant's Signature	_____ Date	_____ Spouse's Signature	_____ Date
_____ Parent's Signature	_____ Date	Please Print Parent's or Spouse's Name (If applicable)	

If you are married, you and your spouse must sign this form.
 If all answers in Section A are "No," you and at least one of your parents must sign this form.

SSWD OFFICE USE ONLY: Verified by _____
Print Name
Signature
Date

FINANCIAL AID OFFICE USE ONLY:

- Applied for financial aid: Evaluated as having no financial need. Ineligible for a waiver.
- Applied for financial aid: Eligible. Financial aid includes parking fees. Ineligible for a waiver.
- Applied for financial aid: Eligible. Financial aid does not include coverage of parking fees. Eligible for a waiver.
- Did not apply for financial aid.

_____ Name of Financial Aid Official (Please Print)	_____ Signature	_____ Date
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**The California State University
Income Eligibility Tables
For Waiver of Campus Parking Fee
2019 - 2020**

Review all responses in Section A on the “Request for Waiver of Campus Parking Fee” form. If any response in Section A is “Yes,” follow the instructions for determining the eligibility of Self-Supporting Applicants using Table 1. If all responses in Section A are “No,” follow the instructions for determining the eligibility of Dependent Applicants using Table 2.

Self-Supporting Applicants

Locate the size of household line in Table 1 that corresponds to the response in Section B in the fee waiver request form. Compare the applicant’s income reported in Section B in the form with the income in Table 1 that corresponds to the size of household. If the applicant’s income does not exceed the Table amount, a fee waiver should be approved.

TABLE 1*

Size of Applicant’s Household	Total Income of Applicant (and Spouse) (Taxable and Untaxed)
1	\$14,900
2 - No dependent children	\$20,100

*Note: For independent students with dependent children or household sizes in excess of 2, use the income for the appropriate family size from Table 2 for dependent applicants.

Dependent Applicants

Locate the size of the household line in Table 2 that corresponds to the response in Section C in the fee waiver request form. Compare the parents’ total income reported in Section C in the form with the income in Table 2 that corresponds to the size of household. If the parents’ income (or the applicant’s income) does not exceed the table amount, a fee waiver should be approved.

TABLE 2*

Size of Parent’s Household	Total Income of Parent(s) (Taxable and Untaxed)
2	\$33,750
3	\$38,450
4	\$44,850
5	\$50,850
6	\$57,750
7	\$62,950
8	\$68,250

*Note: Add \$4,700 for each additional family member when there are more than eight in the household.