



Request for Waiver of Penalty Deposit due to Indigency
Pursuant to CVC 40215(b)

Please complete this form as thoroughly as possible and provide all relevant supporting documents. Sign the form and return it, along with the required supporting documentation, to the address below. Electronic submissions will not be accepted. Requests without supporting documentation will be rejected. Indigency is evaluated based on the criteria described in California Vehicle Code 40220(c)(1).

California State University San Bernardino
Parking & Transportation Services
University Hall, Room 039
5500 University Parkway
San Bernardino, CA 92407

Citation Number(s): _____

Name: _____

Telephone: _____

Email: _____

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

- ☐ Medi-Cal
- ☐ 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)

Is your monthly income 125 percent or less of the 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 CSUSB 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 _____