

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 Disability Services (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 _____
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

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

Section A

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

Were you born before January 1, 1986? <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 2010-2011 (Include yourself, your spouse, if you are married and have dependent children living with you.) _____

Applicant's (and, if married, spouse's) total 2009 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 2010-2011 (Include applicant, parents, other dependent children, and other dependents.) _____

a. Parents' adjusted gross income (AGI) for 2009 \$ _____
b. Parents' untaxed income and benefits for 2009 \$ _____
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.

OFFICE USE ONLY – Financial Aid Office Certification

- ☐ 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 for Students with Disabilities
2010-2011

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	\$12,000
2 - No dependent children	\$17,300

*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	\$24,500
3	\$29,000
4	\$34,900
5	\$40,500
6	\$46,800
7	\$51,500
8	\$56,300

*Note: Add \$4,800 for each additional family member when there are more than eight in the household.