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, 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? [ ] Yes [ ] No Are you a veteran of the U.S. Armed Forces? [ ] Yes [ ] No
Are you an orphan or ward of the court? [ ] Yes [ ] No Do you have legal dependents other than a spouse? [ ] Yes [ ] No
Are you a graduate student? [ ] Yes [ ] No Are you married? [ ] Yes [ ] 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 2018-2019 (Include yourself, your spouse, if you are married and have dependent children living with you.) __________
Applicant’s (and, if married, spouse’s) total 2017 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 2018-2019 (Include applicant, parents, other dependent children, and other dependents.) __________
a. Parents’ adjusted gross income (AGI) for 2017 $ __________
b. Parents’ untaxed income and benefits for 2017 $ __________
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 ____________________________

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.
[ ] Did not apply for financial aid.

Name of Financial Aid Official (Please Print) ____________________________ Signature ____________________________ Date ____________________________
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***

<table>
<thead>
<tr>
<th>Size of Applicant’s Household</th>
<th>Total Income of Applicant (and Spouse) (Taxable and Untaxed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$14,900</td>
</tr>
<tr>
<td>2 - No dependent children</td>
<td>$20,100</td>
</tr>
</tbody>
</table>

*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***

<table>
<thead>
<tr>
<th>Size of Parent’s Household</th>
<th>Total Income of Parent(s) (Taxable and Untaxed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$33,750</td>
</tr>
<tr>
<td>3</td>
<td>$38,450</td>
</tr>
<tr>
<td>4</td>
<td>$44,850</td>
</tr>
<tr>
<td>5</td>
<td>$50,850</td>
</tr>
<tr>
<td>6</td>
<td>$57,750</td>
</tr>
<tr>
<td>7</td>
<td>$62,950</td>
</tr>
<tr>
<td>8</td>
<td>$68,250</td>
</tr>
</tbody>
</table>

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

Revised March, 22, 2019