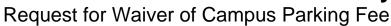
OFFICE USE ONLY		
Approved for Parking Waiver		
O Denied		
By Date		

The California State University





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 #	
		Telephone Number ()	
		State Zip Code	
		Semester/Year for which waiver is requested	
		Placard: State Number	
Plate/Placard Expiration Date		Vehicle Year & Description	
Are you a Department of Rehabilitation Are you cu		No If so, do you receive parking fee assistance? ☐Yes ☐No ancial aid at this campus? ☐Yes ☐No	
To be complete		ection A s who have <u>NOT</u> applied for financial aid	
Were you born before January 1, 198		Are you a veteran of the U.S. Armed Forces? Yes No	
Are you an orphan or ward of the coul		.,	
-	swered "Yes" to any	Are you married? ☐Yes ☐No item above, complete Section B and D. ms above, complete Section C and D.	
Section B		Section C	
Financial information from ap	plicant (and spous		
Total size of your household in 2018-2019 (Include yourself, your spouse, if you are married and have		If all answers in Section A are "No," applicant's parents must complete this section and sign the certification in Section D.	
dependent children living with you.)		Total size of your parents' household in 2018-2019 (Include applicant, parents, other dependent children,	
Applicant's (and, if married, spouse's) total 2017 income from all sources other than financial aid		and other dependents.)	
(including earnings from work and benefits such as SSI, vocational rehabilitation, veteran's benefits, etc. \$		a. Parents' adjusted gross income (AGI) for 2017 \$	
		b. Parents' untaxed income and benefits for 2017 \$ Total (a. + b.) \$	
	Section D - Ce	ertification by Student	
I (we) certify that all information report		on 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		d your spouse must sign this form. nd 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 a Applied for financial aid: Eligible. Fin Applied for financial aid: Eligible. Fin Did not apply for financial aid.	ancial aid includes park	ed. Ineligible for a waiver. ing fees. Ineligible for a waiver. ude coverage of parking fees. Eligible for a waiver.	
Name of Financial Aid Official (Please Pri	nt) Signat	ure Date	

The California State University Income Eligibility Tables For Waiver of Campus Parking Fee 2018-2019

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.