



Application for Waiver of Penalty for Parking Violation Administrative Hearing INFORMATION SHEET

Pursuant to the California Vehicle Code §40215 (b), the individual requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. In the event that an individual is unable to pay the parking penalty and can satisfactorily prove to the City their inability to pay the amount due, the City may waive the pre-payment requirement.

To request a waiver of the penalties so that you may ask for an Administrative Hearing, please complete the Application for Waiver of Penalty Form. Below are the qualifications you must meet to be eligible for an approved waiver. Please note, documentation is required with this application.

The hardship waiver program is voluntary and waivers are only granted to allow the requestor the ability to schedule an Administrative Hearing without having to pre-pay the assessed penalty. If a hardship waiver is granted and the requestor is subsequently found liable during the Administrative Hearing, all fines, penalties and fees must be paid unless a low-income payment plan request is received within 10 days of your determination.

To apply for a waiver of penalty, you must provide the requested information within 21 calendar days from the mailing date of the initial citation review results. Failure to provide sufficient or correct information will result in a determination of ineligibility for this waiver.

To qualify for a Waiver of Parking Penalty, you must meet one of the two following conditions:

- 1) Your monthly income is 125% or less of the federal poverty level, as shown below:

2020 Federal Poverty Levels	
Individual = \$1,329.17	Family of 2 = \$1,795.83
Family of 3 = \$2,262.50	Family of 4 = \$2,729.17
Family of 5 = \$3,195.83	Family of 6 = \$3,662.50

Numbers based on 2020 FPL from Health and Human Services

- 2) You receive public benefits from any of the following programs

Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Supplemental Nutrition Assistance Program
County Relief, General Relief, or General Assistance	California Food Assistance Program	In-Home Supportive Services (IHSS)
Tribal TANF grant	Medi-Cal	CalWorks

The completed Application for Waiver of Penalty and supporting documents should be mailed to:

City of Santa Rosa, Parking Division
90 Santa Rosa Ave
Santa Rosa, CA 95404

For question, please call 707-543-3325, Monday-Friday, 8am – 5pm. City offices are closed on holidays.



Application for Waiver of Penalty for Parking Violation Administrative Hearing

THIS FORM TO BE KEPT CONFIDENTIAL

Name (Driver/Registered Owner):

Telephone:

Address:

Email Address (optional):

Citation Number:

I hereby request a waiver of the required penalty pursuant to California Vehicle Code §40215 (b).

To qualify for the Waiver of Parking Penalty, you must meet one of the two following conditions:

- 1) Your monthly income is 125% or less of the federal poverty level, as shown below:

2020 Federal Poverty Levels			
Individual =	\$1,329.17	Family of 2 =	\$1,795.83
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Documentation

Please provide a copy of either of the following to verify you meet one of the above conditions. A determination cannot be made without supporting documentation.

- A. Proof of income from a pay stub or another form of proof of earning, such as a bank statement, that shows that the income criteria as listed above is met
- B. Proof of receipt of benefits from one of the programs listed under Section 2 of the Qualifications.

NOTE: Documentation must be included with this application. Support documents may include proof of: income from a pay stub, earnings from a bank statement, or receipt of public assistance benefits from the list of options

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I declare under penalty of perjury under the laws of the State of California that the information I have provided on this application form and all attachments are true and correct. If after the Administrative Hearing you are found liable for this parking citation you must pay the total amount of the parking violation penalty or apply for a payment plan within 10 days. Failure to do so can result in collections action.

Signature: _____ Date: _____

Printed Name: _____

The completed Application for Waiver of Penalty should be mailed to:

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90 Santa Rosa Ave
Santa Rosa, CA 95404

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FOR CITY USE ONLY

☐ Approved

☐ Denied

Date:	Authorized by: