

Administrative Parking Hearing Hardship Waiver Guidelines & Application



GUIDELINES

The California Vehicle Code (CVC) 40215(b) establishes that a person requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency.

Persons who meet certain income criteria may request an Hardship Waiver in lieu of advanced payment for the hearing process. This waiver does not relieve responsibility to pay the citation if the Hearing Officer upholds the citation. Please complete the information in either Eligibility Criteria #1 or #2.

Individuals must qualify using one of the following eligibility criteria:

ELIGIBILITY CRITERIA #1: INCOME

The City of Compton will adhere to the guidelines in the Federal Register by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code. Qualified individuals must fall within the monthly income of 125% or less of the current poverty guidelines, as listed on Page 3 of this application. Please provide proof of income from a paystub or another form of proof of earnings (most recent W-2; bank statement) in order to verify that you meet the income criteria listed on Page 3 of this application.

ELIGIBILITY CRITERIA #2: CURRENT PROOF OF PUBLIC BENEFITS (WITHIN THE LAST YEAR)

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the 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)
- Medi-Cal

The application can be found on Page 2. Please mail completed application and supporting documentation to:

City of Compton - City Attorney's Office
205 S. Willowbrook Avenue, Compton, CA 90220

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INSTRUCTIONS

Please complete the application below. Attach supporting documentation along with your completed application. Any missing information or documentation may result in the denial of your request.

| | | | |
|--------------|--|-------------------|--|
| First Name | | Last Name | |
| Address | | | |
| Phone # | | | |
| Citation No. | | License Plate No. | |

Please check the eligibility criteria you are using (Choose One):

_____ **Criteria #1 Income: Documentation Required as listed below:**

- Proof of Income from a Pay Stub
- Proof of Earnings (Most Recent W-2 ; Bank Statement)

_____ Please list the number of persons in your household.

_____ **Criteria #2 Current Proof of Benefits (within the last year):**

A copy of an electronic benefits card or another card, subject to review and approval by the City of Compton, of proof of applicant receiving one of the following benefits:

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the 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)
- Medi-Cal

PLEASE READ AND SIGN: If found liable at the hearing, the total amount due must be paid within twenty one (21) days. If your payment is late, the total amount due including penalties must be paid in full immediately. I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge it is a true, correct, and complete statement made in good faith.

Signature: _____ Date: _____

**Poverty Guidelines, all states (except Alaska and Hawaii)
2020 Annual Guidelines**

| Household /Family Size | 50% | *100%* | 125% | 130% | 133% | 135% |
|------------------------|----------|----------|----------|----------|----------|----------|
| 1 | \$6,380 | \$12,760 | \$15,950 | \$16,588 | \$16,971 | \$17,226 |
| 2 | \$8,620 | \$17,240 | \$21,550 | \$22,412 | \$22,929 | \$23,274 |
| 3 | \$10,860 | \$21,720 | \$27,150 | \$28,236 | \$28,888 | \$29,322 |
| 4 | \$13,100 | \$26,200 | \$32,750 | \$34,060 | \$34,846 | \$35,370 |
| 5 | \$15,340 | \$30,680 | \$38,350 | \$39,884 | \$40,804 | \$41,418 |
| 6 | \$17,580 | \$35,160 | \$43,950 | \$45,708 | \$46,763 | \$47,466 |
| 7 | \$19,820 | \$39,640 | \$49,550 | \$51,532 | \$52,721 | \$53,514 |
| 8 | \$22,060 | \$44,120 | \$55,150 | \$57,356 | \$58,680 | \$59,562 |
| 9 | \$24,300 | \$48,600 | \$60,750 | \$63,180 | \$64,638 | \$65,610 |
| 10 | \$26,540 | \$53,080 | \$66,350 | \$69,004 | \$70,596 | \$71,658 |

**Poverty Guidelines, all states (except Alaska and Hawaii)
2020 Monthly Guidelines**

| Household /Family Size | 50% | *100%* | 125% | 130% | 133% | 135% |
|------------------------|---------|---------|---------|---------|---------|---------|
| 1 | \$532 | \$1,063 | \$1,329 | \$1,382 | \$1,414 | \$1,436 |
| 2 | \$718 | \$1,437 | \$1,796 | \$1,868 | \$1,911 | \$1,940 |
| 3 | \$905 | \$1,810 | \$2,263 | \$2,353 | \$2,407 | \$2,444 |
| 4 | \$1,092 | \$2,183 | \$2,729 | \$2,838 | \$2,904 | \$2,948 |
| 5 | \$1,278 | \$2,557 | \$3,196 | \$3,324 | \$3,400 | \$3,452 |
| 6 | \$1,465 | \$2,930 | \$3,663 | \$3,809 | \$3,897 | \$3,956 |
| 7 | \$1,652 | \$3,303 | \$4,129 | \$4,294 | \$4,393 | \$4,460 |
| 8 | \$1,838 | \$3,677 | \$4,596 | \$4,780 | \$4,890 | \$4,964 |
| 9 | \$2,025 | \$4,050 | \$5,063 | \$5,265 | \$5,387 | \$5,468 |
| 10 | \$2,212 | \$4,423 | \$5,529 | \$5,750 | \$5,883 | \$5,972 |