

UCLA Citation Hearing Office

INFORMATION SHEET ON FEE WAIVER OF PARKING CITATIONS

(Pursuant to California Rules of Court, rules 3.50-3.63)

Pursuant to California Vehicle Code 40215 (b), payment of the parking fines (penalty) is required after the initial review when a determination has been made that a citation is valid. UCLA allows individuals to request an Administrative Hearing without first paying the fines, but **only** in cases where the individuals can document that they meet the criteria as **very low income household (3 options with qualifying criteria - see below)**

Option #1. You may qualify for a fee waiver if you are receiving financial assistance under one or more of the following programs (support documentation is REQUIRED FOR ALL):

1. Supplemental Security Income and State Supplemental Payments Program (SSI AND SSP)
2. California Work Opportunity & Responsibility to Kids Act (Cal/Works), Temporary Assistance for Needy Families (TANF), formerly Aid to Families with Dependent Children Program (AFDC)
3. Food Stamp Program
4. County Relief, General Relief (G.R) or General Assistance (G.A.)

If you are claiming eligibility for a fee waiver of fees because you receive financial assistance under one or more of these programs, you must produce official documentation confirming benefits from public assistance agency and/or one of the following documents PLUS you must fill out Fee Waiver Form- household income and expenditures:

PROGRAM	VERIFICATION DOCUMENTATION REQUIRED
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer – generated Printout or Bank Statement(s) showing SSI deposits (3 months)
Cal WORKS/TANF	Medi- Cal Card or Notice of Action or Income & Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card.
FOOD STAMPS PROGRAM	Notice of Action or Food Stamp ID Card
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

OR

Option #2. Total gross monthly household income is equal to or less than the following:

Complete financial records (all savings, credit cards, all assets, alimony, all household income must be reported with support documentation for all are required). List of all monthly expenditures with support documentation is required.

NUMBER IN FAMILY	FAMILY GROSS MONTHLY INCOME: (Support documentation Required)
1 person	\$ 1, 128.13
2 people	\$ 1,517.71
3 people	\$ 1,907.30
4	\$ 2,296.68
5	\$ 2686.46
6	\$ 3,076.05
7	\$ 3,465.63
Each additional person	Add \$ 389.59

OR

Option # 3 Your income is not enough to pay for the common necessities of life for yourself and the people you support and also pay for parking fines. Complete financial records (all savings, credit cards, all assets, alimony, all household income must be reported with support documentation for all are required). List of all monthly expenditures with support documentation is required.

To apply for a UCLA Fee Waiver, fill out the Application for a Fee Waiver and submit the completed form with all required support documentation for all entries. Failure to provide support documentation or failure to report all incomes, assets or if the form is incomplete your Fee Waiver will automatically be denied and you will not have an opportunity to submit additional information. ALL Approval and or Denial of Fee Waivers will be in writing and mailed to the contestant. The decision rendered is final and can not be disputed.

Your Name: _____ Vehicle License Plate: _____

If you checked #1, 2 or 3 on the front page you must complete this form and provide support documentation for entries (Support documentation must be official documents, not handwritten notes.) If this record is incomplete or inaccurate (must submit a complete and accurate portrayal of household financial records) your request for a fee waiver will be denied. Note: financial records may be subject to verification. Support documents submitted will not be returned.

Check here if your income changes significantly from month to month (provide recent completed Federal Income Tax (1040) with attached schedules and forms.) Continue on to next line:

Household Monthly Income: (provide 3 current months pay stubs for each member of household)

- a) Gross monthly income (before deductions) \$ _____
- b) Total monthly deductions (payroll) \$ _____
- c) Total monthly take home pay \$ _____
- d) * List the source and amount of ANY other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veteran's payments, dividends, interest, trust income, annuities, net business or rental income, tuition reimbursement, job related reimbursement, gambling or lottery winnings, parental support (see * note below), etc.
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
 - (4) _____ \$ _____
 - (5) _____ \$ _____

TOTAL MONTHLY INCOME IS \$ _____
(add c plus d)

Please submit official documentation to support each entry, for example, 3 months bank statements, official social security benefits letters, official tuition and grant statements, rental/property income (tax forms), etc.

Your Money and Property (assets)

- a. Cash.....\$ _____
- b. All financial accounts (include all savings, checking, CD's, Money Market, etc. List bank name and amount)
 - 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____

*Note: students if your parents or anyone contributes monetarily to your day to day activities (home, bills, tuition, expenses) you must submit their financial records.

c. Credit Card(s) amount owed and credit available (submit 2 months statements for each entry):

- Name (Discover, B/A, Visa, etc.)
- 1. _____
 Amount owed: _____ Credit available: _____
 \$ _____ \$ _____
 - 2. _____
 \$ _____ \$ _____
 - 3. _____
 \$ _____ \$ _____
 - 4. _____
 \$ _____ \$ _____

d. Cars, boats and other vehicles: (provide copy payment plans/lease agreement)

- Make/Yr: _____ Amount Owed: _____
- 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____

e. Real Estate: (list address – provide property tax statements for each entry)

- 1. _____
- 2. _____
- 3. _____

HOUSEHOLD MONTHLY EXPENSES:

(Provide official documentation for entries marked with *, i.e. rental agreement, mortgage statements, utilities bills, insurance statements, etc.)

- 1. Rent or Mortgage* \$ _____
- 2. Food (monthly est.) \$ _____
- 3. Utilities* (tel., electric, etc)\$ _____
- 4. Clothing (est.) \$ _____
- 5. Laundry/Cleaning* \$ _____
- 6. Medical/Dental bills* \$ _____
- 7. Insurance Bills* \$ _____
- 8. School/Childcare* \$ _____
- 9. Child/spousal support* \$ _____
- 10. Transportation/gas \$ _____
- 11. Loans* (list name & amount owed)

- 12. Misc.* _____

TOTAL EXPENSES: add 1-12 \$ _____

UCLA APPLICATION FOR A FEE WAIVER OF CITATION FINES

► Mail: 555 Westwood Plaza, Ste. 100, L.A., Ca. 90095- OR- Fax: 310-206-9601

Name:		
Address:		
City, State & Zip Code:		
Telephone numbers:		
CITATION (S) #	AMOUNT OF FINE	DUE DATE:

I hereby request to submit a Fee Waiver for the above listed citations so I may be granted an Administrative Hearing. I understand it is my responsibility to provide an accurate and complete portrayal of my finances and expenditures. I understand that I must provide support documentation for all of my entries; failure to do so, will automatically render a denial in my application. Under penalty of perjury, I certify that all statements made are accurate and I agree to provide support documentation for all entries. I have read the "Information Sheet on Fee Waiver" and understand this application is subject to approval and review based on the criteria established.

Signature & date required _____

In order to qualify for a Fee Waiver please check each item that applies to you, you will be required to submit support documentation for each entry, failure to do so will result in an automatic denial of your Fee Waiver Application. You may mail or Fax this completed form with support documentation to: UCLA Citation Hearing Office, 555 Westwood Plaza, Ste. 100, Los Angeles, Ca. 90095 OR Fax: 310-206-9601

I am receiving financial assistance under one or more of the following I must provide support documentation (refer to Information Sheet on Fee Waivers) for each entry:

- | | |
|--|--|
| <input type="checkbox"/> SSI and SSP * | <input type="checkbox"/> CalWorks * |
| <input type="checkbox"/> Food Stamp Program* | <input type="checkbox"/> County or General Relief or General Assistance* |
- support documentation is required; without support documentation your application will be denied.
 - If you checked this box you must complete Financial Information Worksheet on back and submit support documentation for each entry

OR

My total gross monthly household income is less than the amount shown on the Information Sheet Fee Waivers. (If you checked this box you must complete Financial Information Worksheet on back and submit support documentation for each entry).

Number in Family: Monthly Gross (before deductions) Household Income:

OR

My income is not enough to pay for common necessities of life and the people in my family whom I support and also pay citation fines. (If you check this box you must complete Financial Information Worksheet on back and submit support documentation for each entry).