

ONE-TIME TOWING/PARKING CITATION FEE WAIVER REQUEST FORM

A	<p>APPLICANT INFORMATION <i>(To be completed by Individual)</i> Registered Owner(s)/Lessee(s) who meet the following criteria may use this form to apply for a waiver of Towing fees and associated Parking Citations. Applicants must meet the following criteria:</p> <ol style="list-style-type: none"> 1. Validated as "indigent" by the Towing and Lien Sales Division. 2. Eligible for homeless services and living in their vehicle, as validated by the Homeless Services Division through a situational assessment 3. Vehicle must have current registration and proof of insurance for release. If proof of insurance is not available, the customer may have the vehicle towed out to be released from the Tow Yard. <p>Name: _____ Phone #: _____ Email: _____</p> <p>Address: _____ City: _____</p> <p>State: _____ Zip: _____</p>												
B	<p>VERIFICATION OF INCOME <i>(To be completed by Individual)</i> Please indicate the documentation that you have attached to this application:</p> <p>(A) Proof of income. Please provide your three (3) most recent pay stubs.</p> <ol style="list-style-type: none"> 1. My monthly income amount is: _____ 2. Number of people residing in the household: _____ <p>(B) Must provide Verification of Benefits Form for Public Assistance, or Award Letter for Social Security. Please check the boxes that apply:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Supplemental Security Income</td> <td><input type="checkbox"/> In-Home Supportive Services (IHSS)</td> </tr> <tr> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> California Work Opportunity (Cal Works)</td> <td><input type="checkbox"/> General Relief (GR), County Relief or General Assistance (GA)</td> </tr> <tr> <td><input type="checkbox"/> Medi-Cal</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table> <p>(C) If the Registered Owner(s)/Lessee(s) does not have income or receives public assistance, a copy of annual earnings from the Social Security Department is required.</p> <p>I certify that all statements are true and correct. Any false or incomplete information may forfeit my rights to a one-time waiver. Upon waiver approval, vehicle must be picked up within 15 business days or it will be processed for lien.</p> <p>Signature: _____ Date: _____</p>	<input type="checkbox"/> Employment	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> In-Home Supportive Services (IHSS)	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> California Work Opportunity (Cal Works)	<input type="checkbox"/> General Relief (GR), County Relief or General Assistance (GA)	<input type="checkbox"/> Medi-Cal			<input type="checkbox"/> Other		
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C	<p><u>TOWING CHARGES</u> <i>(To be completed by Towing and Lien Sales Division)</i></p> <p>Invoice #: _____ License Plate: _____ DL #: _____ Date: _____</p> <p>Invoice Amount: \$ _____ Signature: _____</p> <p>Number of Citations: _____ Name: _____</p>
D	<p><u>PARKING CHARGES</u> <i>(To be completed by Towing and Lien Sales Division)</i></p> <p>Parking Citation Total: \$ _____</p> <p>Signature: _____ Date: _____</p> <p>Name: _____</p>
E	<p><u>HOMELESS VERIFICATION</u> <i>(To be completed by Homeless Services Division)</i></p> <p>Screening provided?: Yes [] No [] Comments: _____</p> <p>Eligible for Homeless Services?: Yes [] No [] _____</p> <p>Verified Living in Vehicle: Yes [] No [] _____</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p> <p><u>HOMELESSNESS DECLARATION</u> <i>(To be completed by Individual)</i></p> <p>I hereby declare that I am living in this vehicle and am requesting a one-time waiver of fees in order to continue using it as my residence. Upon waiver approval, vehicle must be picked up within 15 business days or it will be processed for lien.</p> <p>Signature: _____ Name: _____</p>
F	<p><u>APPROVAL</u> <i>(Finance Director or designee)</i></p> <p>Approved [] Denied []</p> <p>Parking Fines: \$ _____ Towing Fees: \$ _____ Total Amount: \$ _____</p> <p>Signature: _____ Date: _____</p> <p>Name: _____ Title: _____</p> <p><i>(Send to Commercial Services Bureau or Towing & Lien Sales Division, as appropriate)</i></p>

