

## **Request for Waiver of Campus Parking Fee**

The campus parking fee may be waived for students who have both demonstrated financial need and a hold a valid disabled person parking placard or plates issued by the Department of Motor Vehicles (DMV). Waivers are for students with permanent disabilities, temporary CA DMV Placards will not be accepted. Waivers must be requested each semester. Please complete each section below, incomplete responses will delay process and may cause for denial of this request

## Instructions:

1. Complete the appropriate sections on the back side of this form, 1 - 4. Once you have received your permit please complete Section 6.

Notes for Section 3, Financial Information

- If you've applied for financial aid you can skip to Section 4.
- If you have not applied for financial aid, please complete Part A
- If you answered "Yes" to any question in Part A, please complete Part B. \*If you are married, your spouse must sign this form.
- If you answered "No" to any question in Part A, please complete Part C. \*At lease of your parents must sign this form.
- 2. Take the completed form to the University Parking Services Office located in the ROTC Parking Modular (RPM) Suite 200. They're office hours are: Monday Friday 8:00am 5:00pm and they can be reached at 310-243-3725.

You will need bring the following items with you to the Parking Services Office:

- Driver's License
- CA DMV issued Placard
- Copy of the letter from the Department of Motor Vehicles (DMV) that accompanied your placard or plates. You may provide a copy of your vehicle registration <u>if</u> it designates disabled.
- 3. Once you've received signed verification from Parking Services, you will need to take the form to the Financial Aid Office for them to verify that you've demonstrated financial need. Please note that forms that have not been signed by Parking Services will not be signed by the Financial Aid Office. The Financial Aid Office is located in Welch Hall B-250 Office hours are: Monday Thursday 8:00am 6:00pm, Friday 8:00am 2:00pm. They can be reached at 310-243-3691.
- 4. Take the completed request form to the University Cashier to receive your Parking Permit. The Cashier's Office is Located in in Welch Hall B-270.

9/2019

## **Request for Waiver of Campus Parking Fee**

Please see instructions and general information on other side.

	Semester for which waiver is requested (Check only one): Fall Spring Summer Year:	
1.	Personal Information	
	Name: Stude	nt ID #:
2.	Placard Information	
	CA DMV Placard/Plate Number: Driver's	License #: CA
	CA DMV Placard/Plate Issue Date: Expiration	on Date:
3.	Financial Information	
	Have you applied for financial aid at this campus? Yes 🗌 No 🔲	
	Instructions: If you have applied for student financial aid at this	campus skip to Section 4. If you have not applied for financial aid,
	please provide the information below.	
	Pa	art A
	Were you born before January 1, 1996? Yes No	Are you a veteran of the U.S. Armed Forces? Yes No
	Are you an orphan or ward of the courts? Yes No	Do you have legal dependents other than a spouse? Yes No
	Are you a graduate student? Yes No	Are you married? Yes 🔲 No 🔲
	If you answered "Yes" to any item above, complete Section B. IF	you answered "No" to all items above, complete Section C.
	Part B	Part C
	Financial information from applicant (and spouse)	Financial information from applicant's parents
	Total size of your household in 2019-2020. (Include yourself,	If all answers in Section A are "No," applicants parent must
	your spouse if you are married, and dependent children	complete this section and sign below.
	living with you)	Total size of your parents' household in 2019-2020. (Include
		applicant, parents, other dependent children, and other
	Applicant's (and, if married, spouse's) total 2017 income from	dependents).
	all sources other an financial aid (include earnings from work	
	and benefits such as SSI, vocational rehabilitation,	a. Parents' adjusted gross income (SGI) for 2017 \$
	veteran's benefits, etc.). \$	b. Parents' untaxed income and benefits for 2017 \$
		Total (a +b) \$
	If you are married, you and your spouse must sign this form.	If all answers in Part are "No," you and at least one of your
		parents must sign this form.
	Spouse's Signature Date	
		Parent's Name (please print):
		Parent's Signature: Date:
4.	Statement of Certification: I certify that the above information	is true, complete and that I'm enrolled for the term for which
	I'm requesting the waiver.	
	Student Signature Date	
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5.	The following sections are for University use only.	
or U	Iniversity Parking Use Only:	For Cashier's Office Use Only:
	oved for Waiver (please circle): Yes No Name:	Cashier, please verify that the request has been
		signed above by a staff member from University
gnature: Date:		Parking and Financial Aid before processing waiver.
or Fi	inancial Aid Office Use Only:	Permit Number:Issue Date:
	onstrates financial need (please circle): Yes No	Name:
	e:	Nume.
	ture: Date:	Signature:Date:
6.	By signing below, I acknowledge that I have received my Unive	rsity Parking Permit.

 Signature:
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 9/2019