

OFFICE USE ONLY
 Approved for parking waiver
 Denied
 By _____ Date _____

California State University
 Request for Waiver of Campus Parking Fee



The Cal Poly campus parking fee may be waived for students with disabilities who have a valid DMV Disabled Person Placard or License Plate and who meet the eligibility standards based on the financial information provided on this form. *Incomplete responses will delay processing and may be cause for denial of this request.*

Instructions: If you have applied for student financial aid at this campus, please complete this section and provide your signature in Section D. If you have not applied for financial aid, complete this section, Sections A, and B or C, and D (see back side of this form for income eligibility tables.). **You must provide a copy of the registration/identification card for your DMV Disabled Person Placard or License Plate.** When you have completed and signed this request, submit it and the copy of the registration/identification card to the **Disability Resource Center, Building 124-Room 119, 756-1395.**

PLEASE PRINT LEGIBLY:

Name _____ Empl ID # _____
 Address _____ Telephone Number () _____ - _____
 City _____ State _____ Zip Code _____
 Campus _____ Semester/Year for which waiver is requested _____
 License Plate: State _____ Number _____ Placard: State _____ Number _____
 Plate/Placard Expiration Date _____ Vehicle Year & Description _____

Are you a Department of Rehabilitation client? Yes No **If so, do you receive parking fee assistance?** Yes No
Are you currently receiving financial aid at this campus? Yes No

Section A To be completed by all applicants who have NOT applied for financial aid

Were you born before January 1, 1989? Yes No Are you a veteran of the U.S. Armed Forces? Yes No
 Are you an orphan or ward of the court? 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 and D.
 If you answered "No" to all items above, complete Section C and D.

Section B

Financial information from applicant (and spouse)

Total size of your household during the previous year (Include yourself, your spouse, if you are married and have dependent children living with you.) _____

Applicant's (and, if married, spouse's) total annual income from last year from all sources other than financial aid (including earnings from work and benefits such as SSI, vocational rehabilitation, veteran's benefits, etc. \$ _____

Section C

Financial information from applicant's parents

If all answers in Section A are "No," applicant's parents must complete this section and sign the certification in Section D.

Total size of your parents' household last year (Include applicant, parents, other dependent children, and other dependents.) _____

a. Parents' adjusted gross income (AGI) for last year \$ _____
 b. Parents' untaxed income and benefits for last year \$ _____
 Total (a. + b.) \$ _____

Section D – Certification by Student

I (we) certify that all information reported on this application is true, complete, and accurate to the best of my knowledge.

Applicant's Signature _____ **Date** _____ Spouse's Signature _____ Date _____
 Parent's Signature _____ Date _____ Please Print Parent's or Spouse's Name (If applicable) _____

If you are married, you and your spouse must sign this form.
 If all answers in Section A are "No," you and at least one of your parents must sign this form.

DRC OFFICE USE ONLY: Verified by _____

 Print Name Signature Date

FINANCIAL AID OFFICE USE ONLY:

- Applied for financial aid: Evaluated as having no financial need. Ineligible for a waiver.
- Applied for financial aid: Eligible. Financial aid includes parking fees. Ineligible for a waiver.
- Applied for financial aid: Eligible. Financial aid does not include coverage of parking fees. Eligible for a waiver.
- Did not apply for financial aid.

 Name of Financial Aid Official (Please Print) Signature Date

**The California State University
Income Eligibility Tables
For Waiver of Campus Parking Fee for Students with Disabilities
2017-2018**

Review all responses in Section A on the “Request for Waiver of Campus Parking Fee” form. If any response in Section A is “Yes,” follow the instructions for determining the eligibility of Self-Supporting Applicants using Table 1. If all responses in Section A are “No,” follow the instructions for determining the eligibility of Dependent Applicants using Table 2.

Self-Supporting Applicants

Locate the size of household line in Table 1 that corresponds to the response in Section B in the fee waiver request form. Compare the applicant’s income reported in Section B in the form with the income in Table 1 that corresponds to the size of household. If the applicant’s income does not exceed the Table amount, a fee waiver should be approved.

TABLE 1*

Size of Applicant’s Household	Total Income of Applicant (and Spouse) (Taxable and Untaxed)
1	\$14,700
2 - No dependent children	\$19,900

*Note: For independent students with dependent children or household sizes in excess of 2, use the income for the appropriate family size from Table 2 for dependent applicants.

Dependent Applicants

Locate the size of the household line in Table 2 that corresponds to the response in Section C in the fee waiver request form. Compare the parents’ total income reported in Section C in the form with the income in Table 2 that corresponds to the size of household. If the parents’ income (or the applicant’s income) does not exceed the table amount, a fee waiver should be approved.

TABLE 2*

Size of Parent’s Household	Total Income of Parent(s) (Taxable and Untaxed)
2	\$33,000
3	\$37,700
4	\$44,100
5	\$50,100
6	\$57,000
7	\$62,200
8	\$67,500

*Note: Add \$5,300 for each additional family member when there are more than eight in the household.