



City of West Hollywood
 Citation Customer Service Center
 AB503
 P O Box 80239
 Indianapolis, IN 46280

Website: www.weho.org/parking
 Telephone: 1-888-736-7697
 213-246-4993 (international)

GUIDELINES

The California Vehicle Code (CVC) Section 40215(b) establishes that a person requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. The issuing agency shall provide a written procedure to allow a person to request an administrative hearing without payment of the parking penalty upon satisfactory proof of an inability to pay amount due.

The following information is required in order to process administrative hearing payment waiver requests. Failure to submit requested information will result in the denial of the payment waiver request.

1. Completion of the Administrative Payment Waiver Form (see reverse). This form may also be found on our webpage at www.weho.org or by calling (888) 736-7697.
 - a. Select: Parking Services → Parking Citation Services → Waiver Forms
 - b. Download Form
 - c. Mail Form and Supporting Documentation To:

City of West Hollywood
 P.O. Box 612200
 San Jose, CA 95161

Individuals must qualify using one of the following eligibility criteria:

Eligibility Criteria # 1: Income

Applicants must meet 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 below:

# of Persons in Household	2022 Monthly Guidelines	2022 Annual Guidelines
1	\$1,342	\$16,100
2	\$1,815	\$21,775
3	\$2,288	\$27,450
4	\$2,760	\$33,125
5	\$3,233	\$38,800
6	\$3,706	\$44,475
7	\$4,179	\$50,150
8	\$4,652	\$55,825

Eligibility Criteria #2: Current Proof of Public Benefits (Within the last 2 years)

- 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

Eligibility Criteria #3: Homeless Management Information System (HMIS) participant

- If you are registered in the HMIS, please provide your HMIS Identification Number, which will be verified.

The application can be found on the reverse side.



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CITY OF WEST HOLLYWOOD – ADMINISTRATIVE HEARING PAYMENT WAIVER REQUEST FORM

Instructions: Please fill out the application below completely. Attach supporting documentation along with your submission. Any missing or illegible information or documents may result in the denial of your application.

<i>LAST NAME</i>		<i>FIRST NAME</i>	
<i>ADDRESS NUMBER</i>		<i>STREET NAME</i>	
<i>CITY</i>		<i>ZIPCODE</i>	<i>STATE</i>
<i>EMAIL</i>		<i>PHONE NO.</i>	
<i>CITATION NUMBER/S</i>		<i>LICENSE PLATE</i>	
1.			
2.			
3.			
4.			

Please check the eligibility criteria you are using (choose one):

- ___ **Criteria # 1: Income - Documentation Required- Copies of one of the following:**
- Proof of income from a current pay stub or another form of proof of earnings, such as a bank statement, that shows that applicant meets the income criteria.
 - Most recent W-2
- ___ **Criteria #2: Current Proof of Public Benefits (Within the last 2 years) - Documentation Required-** Current copies of an electronic benefits card or another card, subject to review and approval by the processing agency, 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

Criteria #3: Homeless Management Information System (HMIS) Identification Number

Please write the number here: _____

PLEASE READ AND SIGN: 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 _____

Mail completed application and supporting documentation to:
 Citation Customer Service Center, AB503, PO BOX 80239, Indianapolis, IN 46280