



## City of West Hollywood – Payment Waiver Guidelines and Application

www.weho.org/parking

1-800-687-2458

### **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 the amount due.

Individuals must qualify using one of the following eligibility criteria:

#### **Eligibility Criteria # 1: Income**

**Effective July 1, 2018**, The City of West Hollywood will adhere to 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:

<b># of Persons in Household</b>	<b>2019 Monthly Guidelines</b>	<b>2019 Annual Guidelines</b>
1	\$1,301	\$15,613
2	\$1,761	\$21,138
3	\$2,222	\$26,663
4	\$2,682	\$32,188
5	\$3,143	\$37,713
6	\$3,603	\$43,238
7	\$4,064	\$48,763
8	\$4,524	\$54,288

#### **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.**

**Please mail completed application and supporting documentation to:  
City of West Hollywood, PO BOX 51852, Los Angeles, CA 90051-6152**



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

<b>First Name</b>			
<b>Last Name</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>Phone #</b>		<b>License Plate</b>	
<b>Citation Number(s):</b>			

**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 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- 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: If found liable at the hearing, the total amount due must be paid within 90 days. If your payment is late the total amount due, including penalties, must be paid in full immediately. 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: \_\_\_\_\_