

**CITY OF HUNTINGTON BEACH – ADMINISTRATIVE HEARING PAYMENT WAIVER REQUEST**

As per CVC 40215(b), the following information is required as proof of the inability to deposit the full amount of the parking penalty prior to contesting the following parking citation:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Parking Citation Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

If more than one citation is being contested, list additional parking citation numbers: \_\_\_\_\_

In order for your request to be considered, you must submit your most current IRS tax filing, or copy of disability, welfare payment stubs, etc. to support the following information: (check all that apply)

- |   |   |  |
|---|---|--|
| <p>1. Employment:</p> <p>Employed</p> <p>__ Full time</p> <p>__ Part time</p> <p>__ Unemployed</p> <p>__ Disabled</p> <p>__ Student</p> <p>__ Other</p> | <p>2. Supported By:</p> <p>__ Self</p> <p>__ Spouse</p> <p>__ Parents</p> <p>__ Welfare</p> <p>__ S.S.I.</p> <p>__ A.D.C.</p> <p>__ Other _____</p> | <p>3. Persons Supported:</p> <p>__ Self</p> <p>__ Spouse</p> <p>__ Children (# of) ____</p> <p>__ Other</p> <p>__ TOTAL ____</p> |
|---|---|--|

4. If unemployed, enter the number of months on unemployment: \_\_\_\_\_

- |  |  |
|--|--|
| <p>5. Monthly Income</p> <p>Unemployment \$ _____</p> <p>Salary \$ _____</p> <p>Disability \$ _____</p> <p>Other \$ _____</p> <p>Other \$ _____</p> <p>Other \$ _____</p> <p>Other \$ _____</p> <p>Total Income \$ _____</p> | <p>6. Monthly Expenses</p> <p>Rent/Mortgage \$ _____</p> <p>Utilities \$ _____</p> <p>Loans \$ _____</p> <p>Credit Cards \$ _____</p> <p>Food/Clothing \$ _____</p> <p>Transportation \$ _____</p> <p>Medical/Dental \$ _____</p> <p>All Other \$ _____</p> <p>Total Expenses \$ _____</p> |
|--|--|

- |   |   |
|---|---|
| <p>7. Cash Balances</p> <p>Savings Accounts \$ _____</p> <p>Checking Accounts \$ _____</p> <p>Cash on Hand \$ _____</p> | <p>8. List Credit Cards</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> |
|---|---|

NOTE: If found liable, the total amount due must be paid within 21 days. If payment is late, the total amount due, including penalties, must be paid in full immediately.

I declare, under the penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is true, correct and a complete statement made in good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

FOR CITY USE ONLY: \_\_\_\_ GRANTED \_\_\_\_ DENIED

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_