City Of Oakland - Parking Citation Assistance Center
Request For a Waiver of Deposit Prior to an Administrative Hearing

_____ _____
Date

_____ _____
Citation number(s)

_____

Please return this deposit waiver information **on** or **before:** _____
Mail to: Administrative Hearing Dept., 250 Frank H. Ogawa Plaza, Suite 6300, Oakland, CA 94612. If you have any questions please call (800)500-6484.

In order to qualify for a Hearing Deposit Waiver, **you need to provide proof that your annual gross income** for the year of **2013** fell at or below the listed amounts for the number of people you have in your household. **Please circle the number of people that reside in your household that are claimed on your income tax form as dependents.**

Number in Household	Combined Family Income
1	$ 11,490
2	$ 15,510
3	$ 19,530
4	$ 23,550
5	$ 27,570
6	$ 31,590
7	$ 35,610
8	$ 39,630

If you qualify, please submit at least one of the following documents along with this form:

a. Completed and signed copy of your 2013 Federal Income Tax Statement (1040) with attached schedules, if any.

b. An annual Social Security and SSI Benefit statement for the year of 2013. To obtain a copy of this statement, call the Social Security office at 1-800-772-1213.

c. An annual Retirement Benefit/Pension statement.

d. Financial Aid Award letter which states the total amount received for 2013. (Spring & Fall). .

e. An AFDC award letter and a last statement of amount received for the year of 2013

f. EDD/unemployment award letter and last statement of amount received for 2013.

I understand that if I do not qualify as a low income resident, I must pay the required deposit by the specified date in order to qualify for the Administrative Hearing.

X _____ _____
Signature **Phone #**

Revised 01/10/14

Revised 03/22/2011