



## Request for Waiver of Campus Parking Fee

### Eligibility Information for Parking Fee Waivers

If you are a student with a verified disability and you meet the following criteria, you may be eligible for a parking permit fee waiver.

1. Register with Disability Programs and Resource Center.
2. Submit original proof to Disability Programs and Resource Center of a Disabled Person's license plate or placard issued under your name by the Department of Motor Vehicles. Note: Actual placards do not display the holder's name and so cannot be submitted as proof.

You are not eligible for a waiver if you receive assistance for parking fees from the Department of Rehabilitation or any other agency.

If you meet the above criteria, please submit a Request for Waiver of Campus Parking Fee form available from Disability Programs and Resource Center located in building SS 110.

### Parking Fee Waiver Application Form

The campus parking fee may be waived for students with disabilities who meet the eligibility standards based on the financial information provided on this form.

Name  SFSU ID Number

Street Address

City  State  Zip Code

Phone Number  Semester for which waiver is requested:

Licence Plate State:  Licence Plate Number:

Placard State:  Placard Number:

Are you a California State Dept. of Rehabilitation client?  Yes  No

If you are a client of California State Dept. of Rehabilitation, do you receive parking fee assistance?  Yes  No

Have you applied for financial aid on this campus?  Yes  No

*If you have applied for financial aid on this campus, attach a copy of your Financial Aid Award Letter.*

**Section A- To Be Completed by All Applicants**

- Were you born before January 1, 1992?  Yes  No
- Are or were you an orphan or ward of the court until age 18?  Yes  No
- Are you a graduate student?  Yes  No
- Are you a veteran of the U.S. Armed Forces?  Yes  No
- Do you have legal dependants other than a spouse?  Yes  No
- Are you married?  Yes  No

**If you answered "yes" to any item in section A, complete section B and D**  
**If you answered "no" to all items in section A, complete section C and D.**

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**Section B- Financial Information From Applicant (and spouse)**

Total size of your household in 2015-2016 (include yourself, your spouse if married, and any other legal dependents, including children, who are living with you) \_\_\_\_\_

Applicant's (and, if married, spouse's) total 2015 income from all sources other than financial aid (include earnings from work and benefits such as SSI, vocational rehabilitation, veterans' benefits, etc.) \_\_\_\_\_

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**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 in 2015-2016 (include applicant, parents, dependent children, and other dependents) \_\_\_\_\_

a. Parents' adjusted gross income (AGI) for 2015 : \_\_\_\_\_

b. Parents' untaxed income and benefits for 2015 : \_\_\_\_\_

Total (a + b) :

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**Section D- Certification**

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

Applicant's Signature  Date

Spouse's Signature  Date  Spouse's Name

Father's Signature  Date  Father's Name

Mother's Signature  Date  Mother's Name

*Return completed applications to Disability Programs and Resource Center in Building SS 110 for processing.*

**DPRC Office Use only:**

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Daily Schedule

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