

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

Name

Date

Address

Citation number(s)

City, State, Zip-Code

Please return this completed deposit waiver and any necessary documents **on or before:** _____
In-person or by mail to: City of Oakland PCAC – Administrative Hearing Department, 270 Frank H. Ogawa Plaza, Oakland, CA 94612. If you have any questions, please call (800) 500-6484.

In order to qualify for a Hearing Deposit Waiver, **you are required to provide proof that your annual gross income** for the year of **2020** 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.**

<u>Number in Household</u>	<u>Combined Family Income**</u>
1	\$ 22,850
2	\$ 26,100
3	\$ 29,375
4	\$ 32,625
5	\$ 35,250
6	\$ 37,850
7	\$ 40,475
8	\$ 43,075

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

- a. Completed and signed copy of your 2020 Federal Income Tax Statement (1040) with attached schedules, if any.
- b. An annual Social Security and SSI Benefit statement for the year of 2020. 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 2020 (Spring & Fall).
- e. An AFDC award letter and a last statement of amount received for the year of 2020.
- f. EDD/unemployment award letter and last statement of amount received for 2020.

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.

I understand that if I do qualify for an Administrative Hearing Deposit Waiver, in the event that the Hearing Officer makes a liable decision, I am required to pay for the citation within 10 days of the ruling.

X _____
Signature

Day time phone number

**Based on the City of Oakland Housing and Community Development Department's 2020 Income Limits