

**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, 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 are required to provide proof that your annual gross income** for the year of **2016** 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	\$ 17,100
2	\$ 19,500
3	\$ 21,950
4	\$ 24,400
5	\$ 26,350
6	\$ 28,300
7	\$ 30,250
8	\$ 32,200

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

- a. Completed and signed copy of your 2016 Federal Income Tax Statement (1040) with attached schedules, if any.
- b. An annual Social Security and SSI Benefit statement for the year of 2016. 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 2016 (Spring & Fall).
- e. An AFDC award letter and a last statement of amount received for the year of 2016
- f. EDD/unemployment award letter and last statement of amount received for 2016.

**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 2016 Income Limits