To: Disabled Student Service Program Directors

From: Judy Osman
Associate Director
Academic Affairs, Access and Retention

Subject: Parking Fee Waiver Forms for Students With Disabilities

Enclosed are two forms for the 1996-97 parking fee waiver program: a master copy of the Request for Waiver of Campus Parking Fee and the Income Eligibility Tables For Waiver of Campus Parking Fee for Students with Disabilities 1996-97.

The amounts used for the parking fee waiver tables are the same as those used for the application fee waiver program for students who applied for the 1996-97 year. The application fee forms and tables were sent to campuses September 18, 1995.

Campuses may update their forms in future years by two actions:

- Change the years on sections A, B, and C on the Request for Waiver of Campus Parking Fee; and
- Update the Income Eligibility Tables For Waiver of Campus Parking Fee for Students with Disabilities by using the income information contained in the annual memo sent to campuses entitled Implementation of Executive Order No. 494 - (applicable academic year) Admission Application Fee Waiver Form and Eligibility Tables. The memo is released by mid-September and is usually addressed to the Vice Presidents/Deans of Student Affairs. You will need to obtain the memo from the Vice President/Dean of Student Affairs office and hold the information aside until you prepare the forms the following spring.

The new procedure will allow the forms to be developed as needed by your campus.

Please contact me if you have questions at judy_osman@calstate.edu or (310) 985-2944.

Enclosures

Copy: Allison G. Jones
The California State University
Request for Waiver of Campus Parking Fee

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. Incomplete responses will delay processing and may be cause for denial of this request.

Please Print:
Name ___________________________ Social Security Number ___________________________
Address __________________________ Telephone Number __________________________
City ___________________________ State ___________________________ Zip Code ___________________________
Campus __________________________ Term/Year for which waiver is requested ___________________________
License Plate: State __________________________ Number __________________________
Placard: State __________________________ Number __________________________
Placard Expiration Date: __________________________ Vehicle Description: __________________________

Section A
Financial information from applicant (and spouse)

Were you born before January 1, 1973? 0 Yes 0 No
Are you an orphan or ward of the court? 0 Yes 0 No
Are you a graduate student? 0 Yes 0 No
Are you a veteran of the U.S. Armed Forces? 0 Yes 0 No
Do you have legal dependents other than a spouse? 0 Yes 0 No
Are you married? 0 Yes 0 No

If you answered “Yes” to any item above, complete Sections B and D. If you answered “No” to all items above, complete Sections C and D.

Section B
Financial information from applicant’s parents

Applicant’s (and, if married, spouse’s) total 1995 income from all sources other than financial aid (include earnings from work and benefits such as SSI, vocational rehabilitation, veterans’ benefits, etc.). ____________

Section C
Financial information from applicant’s parents

Total size of your parents’ household in 1996-97 (include applicant, parents, other dependent children, and other dependents).

a. Parents’ adjusted gross income (AGI) for 1995 ____________
b. Parents’ untaxed income and benefits for 1995 ____________
Total (a + b) ____________

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

Applicant’s Signature ___________________________ Date ____________
Spouse’s Signature ___________________________ Date ____________
Parent’s Signature ___________________________ Date ____________
Parent’s Name (please print) ___________________________ Date ____________

If you are married, you and your spouse must sign this form. If all answers in Section A are “No,” you and at least one of your parents must sign this form.

OFFICE USE ONLY—Financial Aid Office Certification

0 Applied for financial aid: evaluated as having no financial need. Ineligible for a waiver.
0 Applied for financial aid: eligible. Financial aid does not include coverage of parking fees. Eligible for waiver.
0 Did not apply for financial aid.

Name of Financial Aid Official ___________________________ Signature ___________________________ Date ____________