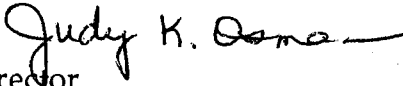


Memorandum

To: Disabled Student Service Program Directors

Date: June 24, 1996

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

OFFICE USE ONLY	
<input type="radio"/> Approved for Parking Waiver	
<input type="radio"/> Denied	
By _____	Date _____

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: _____

OFFICE USE ONLY: Verified by: _____
Signature Date Name Department

Are you a Department of Rehabilitation client? Yes No If so, do you receive parking fee assistance? Yes No
 Have you applied for financial aid at this campus? Yes No

Instructions: If you have applied for student financial aid at this campus, provide signature in Section D. If you have not applied for financial aid, complete the section above and Sections A, B or C, and D. When you have completed and signed this request, send it to the Disabled Student Services Office for further processing.

Section A

To be completed by all applicants who have not applied for financial aid

Were you born before January 1, 1973? Yes No
 Are you an orphan or ward of the court? 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 dependents other than a spouse? Yes No
 Are you married? Yes 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 (and spouse)

Total size of your household in 1996-97 (include yourself, your spouse if you are married, and dependent children living with you). _____
 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

If all answers in Section A are "No," applicant's parent must complete this section and sign the certification in Section D.
 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

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

Name of Financial Aid Official _____ Signature _____ Date _____