



Administrative Hearing Payment Waiver Guidelines

The California Vehicle Code (CVC) Section 40215(b) establishes that a person requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. The issuing agency shall provide a written procedure to allow a person to request an administrative hearing without payment of the parking penalty upon satisfactory proof of an inability to pay the amount due.

The City of West Hollywood adheres to the US Housing and Urban Development (HUD) income limits for very low income for the Los Angeles-Long Beach-Glendale area to determine a person's inability to pay. The income limits are updated annually (in March) by HUD and are listed below for 2017.

<u># of Persons in Household</u>	2017 HUD table <u>Income Level</u>
1	\$31,550
2	\$36,050
3	\$40,550
4	\$45,050
5	\$48,700
6	\$52,300
7	\$53,900
8	\$59,500

The following information is required in order to process administrative hearing payment waiver requests. Failure to submit requested information will result in the denial of the payment waiver request.

1. Completion of the Administrative Hearing Payment Waiver Request Form. This form may be obtained from our website: www.weho.org, or by calling: 1-800-687-2458.
 - a. Select: Parking Citation – Online Appeal
 - b. Download Forms: Financial Waiver Request Form
2. Your most current IRS tax filing, or copy of disability, social security, or welfare payment stubs, etc. to support employment and income declarations.

The completed payment waiver form and all supporting documentation must be mailed to the address below.

City of West Hollywood
P.O. Box 51848
Los Angeles, CA. 90051-6148

For questions, please call:

Customer Service
1-800 – 687 - 2458
Monday through Friday, 8am - 5pm

CITY OF WEST HOLLYWOOD

ADMINISTRATIVE HEARING PAYMENT WAIVER REQUEST

As per CVC § 40215(b), the following information is required as proof of inability to deposit the full amount of the parking penalty prior to contesting the following parking citation.

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Parking Citation #: _____ Date Issued: _____ Due Date: _____

If more than one citation is being contested; list additional parking citation numbers:

Citation # _____ Citation # _____

In order for your request to be considered you must submit your most current IRS tax filing, or copy of disability, welfare payment stubs, etc. to support the following information:

1. EMPLOYMENT:

- Employment –
 - Full-time
 - Part-time
- Unemployment
- Disabled
- Student
- Other: _____

2. SUPPORTED BY:

- Self
- Spouse
- Parents
- Welfare
- SSI
- A.D.C.
- Other: _____

3. PERSONS YOU SUPPORT:

- Self
- Spouse
- Children (# of) _____
- Other: _____
- TOTAL: _____

4. If unemployed, number of months on unemployment: _____

5. MONTHLY INCOME

Unemployment \$ _____
 Salary \$ _____
 Disability \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

6. MONTHLY EXP

Rent/Mortgage \$ _____
 Utilities \$ _____
 Loans \$ _____
 Credit Cards \$ _____
 Food/clothing \$ _____
 Transportation \$ _____
 Medical/Dental \$ _____
 All Other \$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSES \$ _____

7. CASH BALANCES:

Savings Accounts \$ _____
 Checking Accounts \$ _____
 Cash on Hand \$ _____

8. LIST CREDIT CARDS

Acct# _____
 Acct# _____
 Acct# _____

9. If found liable the total amount due must be paid within 90 days. If your payment is late the total amount due, including penalties, must be paid in full immediately.

I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge it is a true, correct, and complete statement made in good faith.

SIGNATURE: _____ DATE: _____

FOR CITY USE ONLY: GRANTED DENIED

Name: _____ Title: _____

Signature: _____ Date: _____