



Administrative Hearing Deposit Waiver Request Form

Please fill in the information below and include it with your hearing request.

Name: _____ Citation(s) #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Vehicle Plate Number: _____ Phone: _____

This form should be completed and mailed by (if applicable): _____

Pursuant to the California Vehicle Code (Section 40215), and the California Public Utilities Code (Section 99581), the individual requesting an administrative hearing of a parking or transit citation(s) shall deposit the amount of the citation fine with the SFMTA. Individuals with a gross annual income (before taxes) at or below 200% of the Federal Poverty level (income levels below) may request this fee be waived.

Household Size	1	2	3	4	5
Annual Income	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840

To prove income status, customers must provide a valid Medi-Cal, Electronic Benefit Transfer (EBT or SNAP), or Lifeline card. If you do not have one of these you must provide your most recent year's tax return and copies of W2s. If you do not have one of the above, San Francisco residents receiving benefits from Human Services Agency (HSA) can to have SFMTA lookup and verify their income. Please provide the last 4 digits of your SSN and sign below to opt for that option.

Annual Gross Income: _____ Household Size (number of dependents): _____

HSA Income Verification Database: I give permission to HSA to share limited income information with SFMTA to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database can only show my name, my address, and whether my household income falls within certain percentages of federal poverty guidelines based on information I have previously provided to HSA.

Last 4 Digits of Social Security Number: _____

Signature of Client: _____ Date: ____/____/____

FOR STAFF USE

Staff Initials: _____ Staff Initials: _____ Date: _____