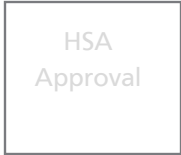




Low-Income Eligibility Form Towed & Booted Vehicle Fees



Income limits apply as follow (based on prior year):

Household Size*	1	2	3	4	5	6	7	8
Annual Income	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240

*Add \$8,960 per household member above eight

Automatic eligibility - Present one of the following, along with government issued photo ID, at time of payment/enrollment:

- Medi-Cal or California Electronic Benefit Transfer (EBT) card
- SFMTA Lifeline card (for parking or citation related discounts only)
- San Francisco Department of Homelessness and Supportive Housing (HSH) Coordinated Entry eligibility letter
- Women, Infants & Children (WIC) Supplemental Nutrition Program
- If you receive benefits from San Francisco’s Human Services Agency (HSA), SFMTA staff can research your eligibility with the last four digits of your SSN and Date of Birth (more information on the back of this form)

Customers not enrolled in the programs listed above

- **Step 1** – Take this form, government issued ID, and prior year’s taxes (complete with signature and all attachments, including original W2s or 1099 forms) to the San Francisco Human Services Agency (HSA) at 170 Otis Street
- **Step 2**
 - **Towed** – Take completed form to City and County of San Francisco Impound, 450 7th Street (AutoReturn)
 - **Booted** – Take completed form to SFMTA Customer Service Center, 11 South Van Ness Avenue, M-F from 8:00-5:00. Outside of normal business hours, take this form to Impound (AutoReturn)

Customer Acknowledgement

I understand that to receive income verification at HSA, I must present hard copies of required tax forms and all attachments indicated above. INITIAL HERE _____

Customer Information (Please Complete)

First Name: _____ Last: _____

Mailing Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Vehicle License Plate (if applicable) _____ Phone Number _____

FOR STAFF USE - Government-issued identification verified (select one):

- San Francisco City ID card
- State-issued driver’s license/identification
- Matricula Consular ID card
- Passport

Eligibility verified by: _____

Agent’s name: _____ Initials: _____ Date: _____

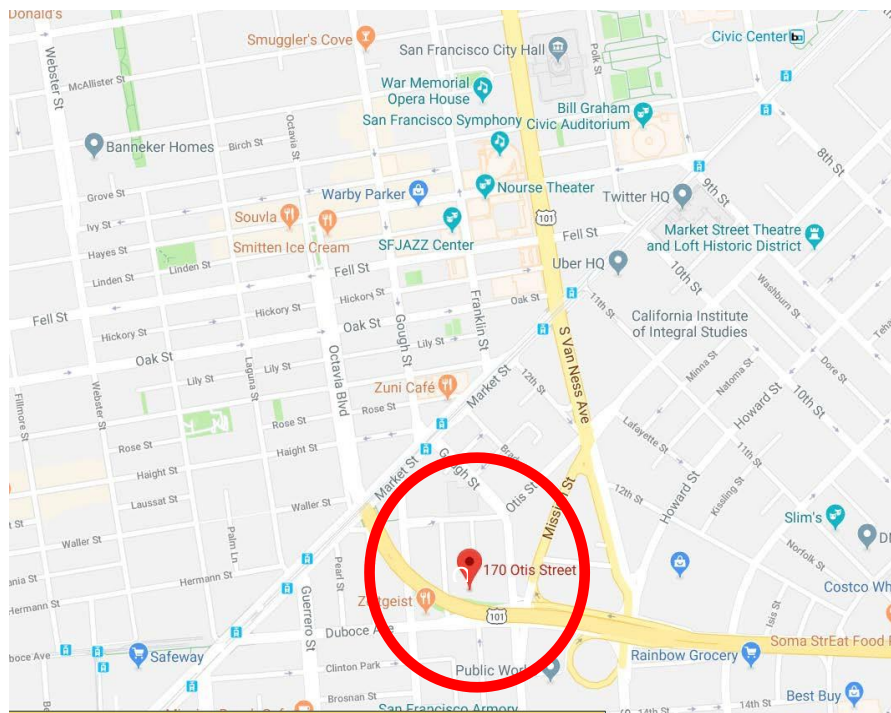
HSA Income Verification Database: I give permission to HSA to share limited income information with SFMTA and its towing contractor, AutoReturn, to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database 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: _____ Birthdate: _____

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

Human Services Agency’s (HSA) location – 170 Otis Street

If visiting HSA you must present hard copies of required tax forms and all attachments indicated above.



BOOT REMOVAL FEE REFUND REQUEST Please fill out this section if you paid the Boot fee in full but are low income and would like a refund for the difference. You must be the registered owner of the vehicle that was booted to receive the discount. More information available online at www.sfmta.com/booted.

License Plate Number: _____ Boot Removal Date: _____

SFMTA STAFF USE: Approval 1 _____

Approval 2: _____

- Proof: HSA 170 HSA DB Medi-Cal EBT Lifeline HSH Letter WIC Taxes
 Program: LI Boot LI Tow