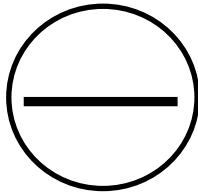


**PC
SC**



Parking Citation Service Center

APPLICATION FOR INDIGENCY DETERMINATION

Registered Owner Information:

Full Name: _____ License Plate: _____

Citation Number(s): _____

Indigent Status | Eligibility Status Government Code Section 68632(a) and (b)

Please select ONE of the following proofs of indigent status for submittal:

Type	Documentation to submit	Select
Supplemental Social Security/ State Supplementary Payment	Copy of two (2) most recent benefit check stubs or statement; certification from county Social Service office	_____
CalWORKS/Tribal TANF	Copy of Golden State Advantage Card (EBT)	_____
SNAP	Copy of Golden State Advantage Card (EBT)	_____
County Relief, General Relief, General Assistance, CAPI	Various: County Service Office Verification	_____
IHSS and Medi-Cal	Copy of Medi-Cal Card	_____
Proof of Income: 125% or less of Federal Poverty Level (FPL) <i>*please see table below</i>	Copy of either income tax forms, paystub, or bank statement showing income	_____

2018 Federal Poverty Guidelines **for families/households with more than 8 persons, add \$5,400 for each additional person*

Persons in Family/Household	125% of the Federal Poverty Guidelines
1	\$15,175
2	\$20,575
3	\$25,975
4	\$31,375
5	\$36,775
6	\$42,575
7	\$47,575
8	\$52,975

I declare under penalty of perjury that the foregoing application is true and correct, and I am aware that if I present any material matter as true which I know to be false, I may be subjected to penalties prescribed for perjury under the Penal Code of the State of California.

Name: _____ Signature: _____ Date: _____