



CITY OF TEMPLE CITY DECLARATION OF FINANCIAL HARDSHIP – PARKING CITATION

Name: _____ DL #: _____

License Plate #: _____ Citation(s): _____

Address: _____
Street City State Zip Code

Home #: () Cell #: ()

I am hereby declaring a financial hardship and request an exemption from posting the required payment of the parking penalty as provided in the California Vehicle Code § 40215(b).

Please provide one of the following:

A. Proof of Income from three (3) most recent pay stubs

Number of people residing in the household: _____.

My monthly income amount is \$_____.

B. Verification of Benefits Form for Public Assistance or Award Letter for Social Security

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> California Work Opportunity (CalWORKs) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) | <input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA) |
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI) | |

C. If the appellant has No Income or does not receive Public Assistance, a copy of their yearly earnings from the Social Security Department is required.

I recognize that if approved, this Declaration of Financial Hardship is a parking penalty payment waiver only and must be submitted in conjunction with a "Request for Hearing of Parking Violation." I understand that if the parking citation is "upheld" the parking penalty is due and payable to the City of Temple City. **Pursuant to 28 U.S.C. Section 1746, I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.**

Signature

Date

Please return this form along with your supporting documents to: Temple City Public Safety, 9701 Las Tunas Drive, Temple City, CA 91780

FOR OFFICE USE ONLY

Financial Hardship: () Approved () Denied

Signature: _____

Date: _____