City of Oakland - Parking Citation Assistance Center Request for a Waiver of Deposit Prior to an Administrative Hearing

N	Dut
Name	Date
Address	Citation number(s)
City, State, Zip-Code	
Please return this completed deposit waiver and any n In-person or by mail to: City of Oakland PCAC – Adr Plaza, Suite 6300, Oakland, CA 94612. If you have ar	ministrative Hearing Department, 250 Frank H. Ogawa
In order to qualify for a Hearing Deposit Waiver, you income for the year of 2019 fell at or below the listed household. Please circle the number of people that income tax form as dependents.	* * *
Number in Household	Combined Family Income**
1	\$ 21,700
2	\$ 24,800
3	\$ 27,900
4	\$ 30,975 \$ 23,475
5 6	\$ 33,475 \$ 35,950
7	\$ 38,425
8	\$ 40,900
If you qualify, please submit at least <u>ONE</u> of the fo	ollowing documents along with this form:
a. Completed and signed copy of your 2019 schedules, if any.	Federal Income Tax Statement (1040) with attached
b. An annual Social Security and SSI Benefit statement, call the Social Security office at	t statement for the year of 2019. To obtain a copy of this t 1-800-772-1213.
c. An annual Retirement Benefit/Pension stat	tement.
d. Financial Aid Award letter which states th	e total amount received for 2019 (Spring & Fall).
e. An AFDC award letter and a last statemen	t of amount received for the year of 2019.
f. EDD/unemployment award letter and last s	statement of amount received for 2019.
I understand that if I do not qualify as a low-inconspecified date in order to qualify for the Administr	
I understand that if I do qualify for an Administra Hearing Officer makes a liable decision, I am requ ruling.	
X	
Signature	Day time phone number

^{**}Based on the City of Oakland Housing and Community Development Department's 2019 Income Limits