



## California State University Long Beach

### Request for Waiver of Campus Parking Fee Form

In order to qualify for a campus parking fee waiver, you must:

1. Submit a Request for Waiver of Campus Parking Fee Form for **each semester** a waiver is requested
2. Demonstrate financial need for parking fee financial assistance according to the need analysis procedure for campus based financial aid authorized by Title IV of the Federal Higher Education Act of 1965
3. Have a verified disability. If you are not registered with BMAC, submit documentation from a treating professional that specifies your disability.

Please allow for 3 to 5 business days for your request to be processed. Once the process is completed, you will receive an email from the Cashier's Office. **You are responsible for any parking fees until notified by the Cashier's Office that your waiver request has been approved.** If you are granted a parking waiver, a refund for prepaid parking can be requested at the Cashiers' Office.

#### A. Student Information

Name:

Student ID:

Email Address:

Telephone Number:

What semester are you requesting to have your parking fee waived?

Are you a Department of Rehabilitation (DOR) client?    Yes        No

Do you receive parking fee assistance?                      Yes        No

Are you currently registered with BMAC?                      Yes        No        *If No, submit documentation (See #3 above.)*

#### B. Financial Aid Application

Have you applied for financial aid for the semester for which this waiver is requested?    Yes        No

*If you answered Yes, skip to Section F. If you answered No, continue to Section C.*

#### C. Personal Information

Were you born before January 1, 1997?                      Yes        No

Are you a veteran of the U.S. Armed Forces?                      Yes        No

Are you an orphan or ward of the court?                      Yes        No

Do you have legal dependents other than a spouse?                      Yes        No

Are you a graduate student?                                      Yes        No

Are you married?    Yes        No

*If you answered Yes to any question in section C, complete Section D and Section F.*

*If you answered No to all questions in section C, complete Section E and Section F.*

## D. Student Income

Complete this section if you answered **Yes** to any item in section C. Then skip to Section F.

Do not complete section E.

If you are married, your spouse must also sign this form.

How many people live in your household? Include yourself, your spouse (if applicable), children and other people if they live with you. \_

What is your (and your spouse's) total income for the previous tax year? Include all sources other than financial aid, such as earnings from work and benefits such as SSI, vocational rehabilitation, veterans' benefits, etc.

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## E. Parental Income

Complete this section if you answered **No** to all items in section C.

If you are required to complete section E, your parent must sign this form.

How many people live in your parents' household? Include yourself, your parents, your parents' children and other people if they live with your parents.

What is your parents' total income for the previous tax year? Include all sources other than financial aid, such as earnings from work and benefits such as SSI, vocational rehabilitation, veterans' benefits, etc.

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## F. Signatures

I (we) certify that all information reported on this form is true, complete and accurate to the best of my (our) knowledge.

Applicant's Signature

Date

Spouse's Signature

Spouse's Name

Date

Parent Signature

Parent's Name

Date

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**BMAC OFFICE USE ONLY:** Verified by

Name

Signature

Date