

**DEPARTMENT OF TRANSPORTATION
ADMINISTRATIVE ADJUDICATION BUREAU**

FINANCIAL DISCLOSURE STATEMENT

NAME: _____

VEHICLE LICENSE NUMBER: _____

CITATION NUMBER(S): _____

I hereby request that the City review this statement to determine eligibility for a payment plan or waiver of immediate payment of a parking penalty.

PLEASE COMPLETE THE FOLLOWING:

1. EMPLOYMENT	2. SUPPORTED BY	3. PERSONS SUPPORTED
<input type="checkbox"/> Employed	<input type="checkbox"/> Self	<input type="checkbox"/> Self
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse's Name _____
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Parents	<input type="checkbox"/> Children(# of) _____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Welfare	(List Names Below)
<input type="checkbox"/> Disabled	<input type="checkbox"/> S.S.I.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Student	<input type="checkbox"/> A.D.C.	<input type="checkbox"/> Total _____
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed	_____
<input type="checkbox"/> Military	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Other		_____

4. Your Gross Income (spousal support, welfare, wages before deductions): \$ _____ every _____ days.

Name and address of employer: _____

Telephone # _____ Occupation _____

5. ASSETS (Value)	6. MONTHLY EXPENSES
Motor Vehicle(s) \$ _____	Rent/Mortgage \$ _____
Home \$ _____	Utilities \$ _____
Property \$ _____	Loans/Credit Card \$ _____
Savings Account \$ _____	Food/Clothing \$ _____
Cash on Hand \$ _____	Medical/Dental \$ _____
All Other \$ _____	All Other \$ _____
TOTAL ASSETS \$ _____	TOTAL EXPENSES \$ _____

7. If a penalty is imposed, how much could you afford to pay each month? \$ _____

For the City to review your request, you must provide sufficient documentation, which confirms your inability to pay the parking penalty. The City will retain all documentation submitted with this form.

I hereby certify under penalty of perjury that all statements made hereon are complete and correct to the best of my knowledge.

SIGNATURE: _____

DATE: _____

PRIVACY ACT STATEMENT

The City of Los Angeles is authorized to collect the information on this form under applicable Government Code Section and provisions of Federal law relating to the Social Security Act. The information you provide may be used in automated matching programs. These matching programs are computer comparisons of Parking Violations Bureau records with records kept by other State and local government agencies. Information from these matching programs can be used to provide for the repayment of delinquent debts under these programs. Your response is not mandatory.

FOR CITY USE ONLY

Waiver of Penalty () Granted () Denied

IPP () Granted () Denied

SIGNATURE: _____ Date: _____

Justification: _____
