

Low Income Citizen Parking Permit Renewal Form

Instructions: Please print this form, complete all sections in blue or black ink, and submit it along with the required proof of income and vehicle registration to the Parking Authority Department.

1. Applicant Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
Apartment/Unit #:	<input type="text"/>	City, State, Zip:	<input type="text"/>

2. Vehicle & Permit Information

Current Permit Number:	<input type="text"/>	License Plate Number:	<input type="text"/>
Vehicle Year:	<input type="text"/>	Vehicle Make:	<input type="text"/>
Vehicle Model:	<input type="text"/>	Vehicle Color:	<input type="text"/>

3. Income Eligibility Demonstration

Please specify your qualifying low-income assistance program or income status by typing "YES" in the applicable box below and attaching the required documentation (e.g., tax return, benefits letter):

Supplemental Nutrition Assistance Program (SNAP) / Food Stamps:	<input type="text" value="YES/NO"/>
Supplemental Security Income (SSI) / Social Security Disability (SSDI):	<input type="text" value="YES/NO"/>
Medicaid:	<input type="text" value="YES/NO"/>
Annual Household Income is at or below 150% of Federal Poverty Guidelines:	<input type="text" value="YES/NO"/>
Total Number of Household Members:	<input type="text"/>
Total Annual Household Income (\$):	<input type="text"/>

4. Certification and Signature

I hereby certify under penalty of perjury under the laws of this State that the foregoing information is true, correct, and complete. I understand that any false statements may result in the revocation of the parking permit and potential legal penalties.

Applicant Signature (Sign after printing): _____

Date Signed (MM/DD/YYYY):

Office Use Only

Approved By (Staff Name):	<input type="text"/>	Date Approved:	<input type="text"/>
New Permit Number Issued:	<input type="text"/>	Expiration Date:	<input type="text"/>