



CITY OF SIGNAL HILL

2175 Cherry Avenue • Signal Hill, CA 90755-3799

Low Income Preferential Parking Fee Waiver

Do you qualify for the City of Signal Hill's Parking Permit Fee Waiver? The City of Signal Hill offers a low income fee waiver for preferential parking permits (excluding guest permits). The chart below shows the maximum income allowed for each qualified household.

Low Income Fee Waiver
Maximum Household Income
Effective June 1, 2025 to May 31, 2026

Number of persons in household	Total gross annual household income*
1-2	\$42,300 or less
3	\$53,300 or less
4	\$64,300 or less
5	\$75,300 or less
6	\$86,300 or less
7	\$97,300 or less
8	\$108,300 or less
9	\$119,300 or less
10	\$130,300 or less
Each additional person, add	\$11,000

* Gross income means all income of all persons who live in the home both taxable and nontaxable. Households with more than 8, please contact the City of Signal Hill, for the income calculation.

If your household size and income does not exceed the guidelines in the above chart, and you think you may qualify, please complete a customer application for Preferential Parking Fee Waiver on the following page. Please provide proof of income by attaching a copy of your 2024 form 1040, form 1040EZ, form 540, form SSA-1099, or a Verification of Benefits form.

Once the completed application is reviewed and approved, the Records Department will notify you of your fee waiver status. Return all the required documents to the City of Signal Hill, 2745 Walnut Avenue, Signal Hill CA 90755.

If you have any questions or need more information, please contact the Records Department Monday-Thursday, 7:30am-5:30pm or Fridays 7:30am-4:30pm at 562-989-7223.



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Low Income Preferential Parking Fee Waiver Application

I understand "gross income" to mean all income of all persons who live in my home, including but not limited to:

- Employment, child support, alimony, interest, dividends, business or rental income and support from family and friends.
- Social Security, Veteran, Disability, Unemployment and Retirement benefits.
- AFDC, SSI, cash, public assistance and Food Stamps.
- School grants, loans or other aid.

- I will notify the City of Signal Hill if I move or exceed the income limits.
- I am not claimed on another person's income tax return.
- **I understand that the City of Signal Hill reserves the right to verify my household's income. Please provide proof of income by attaching your 2024 form 1040, form 1040EZ, form 540, form SSA-1099, or Verification of Benefits form.**
- If the City of Signal Hill finds that I received a fee waiver when I was not eligible, the city may back bill for the applicable fees.

PLEASE PRINT CLEARLY

Favor de Imprimir con Claridad

RESIDENT NAME _____

Nombre como aparece en su recibo Signal Hill

ADDRESS _____

Domicilio como aparece en su recibo Signal Hill

CITY Signal Hill, CA

Ciudad

ZIP 90755

Código Postal

HOME TELEPHONE _____

Telefono particular

WORK TELEPHONE _____

Telefono de su trabajo

THE FOLLOWING MUST BE COMPLETED

I certify that the total number of people who live in my household is _____.

The total annual **GROSS** household income of all persons living in my home, before deductions, from **ALL** sources, is \$ _____.

By signing below, I declare, under penalty of perjury, that I qualify for the Low Income Fee Waiver. I will notify the City of Signal Hill if I no longer qualify for this fee waiver for my permanent primary residence.

Signature _____ Date _____