



# Low Wage Employee Parking Permit Renewal

## Personal Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Employer: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Work Address: \_\_\_\_\_

## To be completed by employer (Payroll check stub required)

Please Circle One:

- Employee earns less than \$25.41/hr. including tips and commissions (copy of most recent pay stub required)
- Intern (paid or unpaid, company verification letter required including hours worked/week)
- Volunteer (company verification letter required including hours worked/week)

Average Number of hours worked/week: \_\_\_\_\_ Hourly pay rate: \_\_\_\_\_

I certify that my company or I currently employ the above listed person and that he/she is eligible for the low wage employee parking permit.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Company: \_\_\_\_\_

1. I am an employee working in the Santa Rosa Parking District or Railroad Square Meter Zone. (Map boundaries can be found at [www.srcity.org/lwepp](http://www.srcity.org/lwepp))
2. I work/intern/volunteer at least 20 hours a week at the above listed company
3. I make below 60% of median income for Sonoma County based on United States Department of Housing and Urban Development published income guidelines. **Effective 06/01/2021 the wage limit is \$23.51 (including tips and commissions).**
4. I do not have any outstanding parking citations with the City of Santa Rosa.
5. I agree not to abuse the employee parking program which includes sharing my access cards with others or falsifying information on my application.
6. I will continue to recertify my permit, in person, at 90 Santa Rosa Ave every 6 months.
7. I understand my card will be blocked and my spot will be given to the first person on the waitlist at the beginning of the month if I haven't resubmitted an application and payment verification during my renewal period.
8. I will notify Santa Rosa Parking of any changes to my account including change of employer, hours, pay rate, and vehicle information.

I understand and agree to abide by the terms and conditions of the Low Wage Employee Parking Program and Parking Garage Permit. Failure to do so will result in permanent cancellation of all program privileges.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_