



**REQUEST FOR FINANCIAL HARDSHIP WAIVER
FOR ADMINISTRATIVE PENALTY**

If you are getting public benefits, are a person with a low-income, or do not have enough income to pay for your household's basic needs, and you owe an amount to the City as a result of receiving an administrative citation, you may use this form to ask the City to waive the amount due as a result of the administrative citation and which must be paid prior to the appeal/hearing date you request. The City requires you to answer questions about your finances, income, and expenses. If the City waives the amount due and owing, you may still have to pay later if:

- You cannot give the City proof of your eligibility,
- Your financial situation improves, or
- You resolve your administrative appeal and are determined to owe an amount to the City.

You must provide all of the following information truthfully, completely, and accurately:

Citation Number: _____ Date of Issuance: _____

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Work email: _____ Personal email: _____

Your Job (title): _____ Your Employer: _____

Your employer's address: _____

Your Attorney and address: _____

The amount you are asking to be waived: \$ _____

Why are you asking the City to waive this amount?

_____ I receive food stamps

_____ I receive Supp. Sec. Inc.

_____ I receive TANF or CalWORKs

_____ I receive Medi-Cal

_____ I receive Unemployment Insurance

_____ I receive SSI or SSDI

_____ I receive WIC

_____ I receive IHSS

Other: _____

I, _____, declare:

Income:	
Gross Monthly Income – Appellant (include alimony, etc.)	\$
Gross – Household Monthly Income (include all sources)	\$
[household size _____]	
(1) Total Income	\$
Expenses (monthly):	
Mortgage/Rent Expense – your residence	\$
Utilities (electricity, gas, trash, water) – your residence	\$
Your Medical bills	\$
Court ordered child support	\$
Necessary living expenses (use one line for each category and state amount on each line)	
a.	\$
b.	\$
c.	\$
d.	\$
(2) Total Expenses	\$

I hereby give permission to the City of Santa Clara, or its representative, to investigate my financial situation which I have represented hereinabove, and further hereby consent to and authorize the City to contact any sources necessary to investigate and evaluate this claim of hardship and request for waiver.

I understand that the filing of a request for hardship waiver of the penalty deposit does not extend any time periods you are required to adhere to. The decision of the director of the issuing department or their designee regarding the request for a hardship waiver of the penalty deposit is final and not subject to review.

I declare under penalty of perjury and the laws of the State of California that the foregoing is true and correct. I understand the City will rely upon all the information I have provided here, and any additional information it receives in its investigation of my representations to making its determination on my request for waiver.

Executed at: _____, California

Date: _____

Signature

Finance Department Determination

Waiver Granted: _____ (initials)

Waiver Denied: _____ (initials)

Signed: _____

Employee Name: _____

Title: _____ **Date:** _____