

CITY OF PETALUMA

REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER

(Request must be filed with the Request for Hearing on Administrative Citation)

Name _____ Citation No. _____ Citation Issue Date _____

Address _____ Phone No. _____

Email Address: _____

I hereby request a waiver of the advance deposit of the fine requirement because: _____

See **Advance Deposit Waiver Information** on reverse for maximum income to qualify for waiver. If you need additional room, attach another sheet. In support of your request, please provide copies of documents verifying income. Documents may include Social Security, general assistance, AFDC, current paycheck, etc. If you do not provide documents verifying income, your request may be denied.

Persons supported ___ Self ___ Spouse ___ Children (No. ___) ___ Other (No. ___)

Total persons supported _____

I declare under penalty of perjury that the foregoing statements and information provided by me are true and correct.

SIGNATURE _____ DATE _____

Office Use Only	
Approved _____	
Denied _____	
(Reasons for Denial _____)	
_____)	
Signatures:	
Finance Director: _____	Date: _____
City Manager: _____	Date: _____

GROSS INCOME WORKSHEET

Fill in the blanks as to exactly how much gross income you receive each month

Employment	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Stock Sales	\$ _____
AFDC	\$ _____
Property	\$ _____
Other (e.g., alimony)	\$ _____
Total gross monthly income	\$ _____

ADVANCE DEPOSIT WAIVER INFORMATION

The information you provide will assist the City in deciding whether you qualify for a waiver of advance deposit for your hearing request. The waiver program is voluntary. Failure to provide sufficient, reliable income information may result in a determination that you are ineligible for this waiver.

Guidelines for Maximum Income to Qualify for Advance Deposit Waiver*

<u>Persons in family/household</u>	<u>Poverty guideline annual income</u>
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

For families/households with more than 8 persons, add \$4,180 for each additional person.

* Based upon U.S. Department of Health & Human Services Poverty Guidelines, *January 31, 2017*