

**ADVANCE DEPOSIT HARDSHIP  
WAIVER APPLICATION**

Name of Citation Recipient: \_\_\_\_\_ Citation No.: \_\_\_\_\_

If Minor, Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

**BY CHECKING THE BOXES BELOW INDICATE ON WHICH GROUND(S) THE APPLICANT IS REQUESTING AN ADVANCE DEPOSIT HARDSHIP WAIVER AND SUPPLY ALL SUPPORTING INFORMATION REGARDING APPLICANT OR IF APPLICANT IS A MINOR, INFORMATION REGARDING PARENT OR GUARDIAN:**

1. The applicant's monthly income is 125% or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. To establish that the applicant qualifies for a waiver on this basis, provide the following information:

Number of Persons Supported in Household:

\_\_\_\_\_ Self

\_\_\_\_\_ Spouse

\_\_\_\_\_ Children (# \_\_\_\_\_)

\_\_\_\_\_ Other: \_\_\_\_\_

===== **TOTAL NUMBER**

Your NET income (take-home pay, child support, alimony, etc.): \$ \_\_\_\_\_ per month

2. Indicate by placing a check mark next to each benefit you receive:

\_\_\_ 1. Supplemental Security Income (SSI) and State Supplementary Payment (SSP)

\_\_\_ 2. California Work Opportunity and Responsibility to Kids Act (CalWORKS) or a federal Tribal Temporary assistance for Needy Families (Tribal TANF) grant program.

\_\_\_ 3. Supplemental Nutrition Assistance Program or the California Food Assistance Program

\_\_\_ 4. County Relief, General Relief (GR), or General Assistance (GA)

\_\_\_ 5. Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)

\_\_\_ 6. In-Home Supportive Services (IHSS)

\_\_\_ 7. Medi-Cal

3. Applicant does not have enough income to pay for household basic needs and the advance deposit. If applying for a waiver under this category, you must attach documentation regarding the applicant's income, household income, money and property, and monthly deductions and expenses.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Date: \_\_\_\_\_

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

**If after a hearing the Hearing Officer determines that the administrative citation should be upheld and the fine was not deposited pursuant to a waiver, then the Hearing Officer will set forth in the decision an order for payment of the fine and a payment schedule for the fine.**