

ADMINISTRATIVE CITATION

ADVANCE DEPOSIT HARDSHIP WAIVER REQUEST FORM

(File 2 Copies)

NAME:		
CITATION NO:	DATE:	PENALTY AMOUNT:

EMPLOYMENT	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Welfare <input type="checkbox"/> Other: _____	
Employer Name: _____	
Employer Address: _____	
Employer Telephone: _____	
Number of persons supported: _____	
Net Income (take home pay, unemployment, etc.) _____ monthly	

ASSETS	MONTHLY EXPENSES
Checking account	Rent/Mortgage
Savings Account	Utilities
Cash on Hand	Loans/Credit Cards
Vehicles	Food/Clothing
Home	Transportation
Property	Medical/Dental
Other	Other
TOTAL ASSETS	TOTAL EXPENSES

In accordance with San Benito County Code Section §1.04.008, I am requesting an advance deposit hardship waiver and declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. In the event my deposit requirement is not waived I understand I shall remit the full deposit amount within ten (10) days of the decision or thirty days (30) from the date of the administrative citation, whichever is later.

Signature: _____ Date: _____

WAIVER REQUEST REVIEW	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial _____
Signature: _____ Date: _____	