

## REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER

If the recipient of an administrative citation issued by the City of Brea is financially unable to make an advance deposit of the fine amount prior to an administrative review, the recipient party may request an advance deposit hardship waiver. The request for a waiver must be filed within 15 days of the citation date.

Please attach to this waiver request form a copy of the Administrative Citation and supporting documentation for your waiver request. Deliver or send to City Clerk, 1 Civic Center Circle, Brea, CA 92821.

Name of Citation Recipient
Administrative Citation Number
Administrative Citation Date
Mailing Address and Phone Number of Citation Recipient

I received the administrative citation noted above, and I hereby request an advance deposit hardship waiver. I am financially unable to make the advance deposit for the following reason *(check one)*

<input type="checkbox"/> My income level is below the general guidelines. My monthly gross income is \$_____. Including myself, I have _____ <b>dependents</b> .
<input type="checkbox"/> Other. Please explain:

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

Signature of Responsible Party	Date
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For City Clerk or Designee Use Only		
Deposit Waiver	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
Signature		
Reason for Denial		

**ADVANCE DEPOSIT HARDSHIP WAIVER  
GENERAL GUIDELINES**

The information you provide will assist the City Clerk in deciding whether to issue a waiver of the advance deposit for your hearing request. The waiver program is voluntary. If you choose to apply, you must provide the information requested. Failure to provide sufficient information will result in a determination of ineligibility for this waiver.

**PROOF OF INCOME DOCUMENTATION**

You must include the most recent documentation of all household income for the responsible party.

Current proof of income is required. Please provide copies of all that apply. Verification documents may include:

- Federal Income Tax Return (Form 1040, 1040A)
- Letter 1722 from IRS for non-income adults 1-800-829-1040
- Verification of Social Security Benefits 1-800-772-1213
- Verification of Supplemental Security Income 1-800-772-1213
- Welfare or General Assistance eligibility Notice of Action/Income Verification
- Documentation of Unemployment from Employment Development Department 1-406-436-5600

**GENERAL GUIDELINES**

Individual Guidelines			
Total No. of Dependent(s)	Annual Gross Income	Monthly Gross Income	30.00% Monthly
1	32,050	2,671	801
2	36,000	3,000	900
3	41,200	3,433	1,030
4	45,750	3,813	1,144
5	49,450	4,121	1,236
6	53,100	4,425	1,328
7	56,750	4,729	1,419
8	60,400	5,033	1,510

**Business Owner Guideline**

If your gross income is less than \$8,458.00, you may qualify for an advance deposit waiver.