



**REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER**

(Must file with a written request to appeal Administrative Citation)

Santa Rosa City Code (SRCC) Chapter 1-30, Article 6 provides that any person who intends to contest an Administrative Citation and is financially unable to make the advance deposit of the fine as required by Section 1-30.235.3(B), may file a Request for Advance Deposit Hardship Waiver.

The hardship waiver program is voluntary, and waivers are only granted to allow the requestor the ability to schedule an Administrative Hearing without having to pre-pay the assessed penalty. If a hardship waiver is granted and the requestor is subsequently found liable by the Administrative Hearing Officer, all fines, penalties and fees must be paid promptly unless a low-income payment plan request is received within 10 days of the Hearing Officer’s determination.

To apply for a waiver of the advance penalty deposit, you must provide the requested information within 20 calendar days from the issuance of the Administrative Citation. Failure to provide sufficient or correct information will result in a determination of ineligibility for this waiver.

To qualify for a Waiver of Deposit, you must meet one of the two following conditions:

- 1) Your monthly income is 125% or less of the federal poverty level, as shown below:

2020 Federal Poverty Levels	
Individual = \$1,329.17	Family of 2 = \$1,795.83
Family of 3 = \$2,262.50	Family of 4 = \$2,729.17
Family of 5 = \$3,195.83	Family of 6 = \$3,662.50

Numbers based on 2020 FPL from Health and Human Services

- 2) You receive public benefits from any of the following programs

Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Supplemental Nutrition Assistance Program
County Relief, General Relief, or General Assistance	California Food Assistance Program	In-Home Supportive Services (IHSS)
Tribal TANF grant	Medi-Cal	CalWorks

The completed Application for Waiver of Deposit and supporting documents should be mailed to:

City of Santa Rosa,  
 Code Enforcement  
 100 Santa Rosa Ave, Room 3  
 Santa Rosa, CA 95404

For questions, please call 707-543-3198, Monday-Friday, 8am – 5pm. City offices are closed on holidays.



# Application for Waiver of Deposit for Administrative Hearing

## THIS FORM TO BE KEPT CONFIDENTIAL

**Name(s) (First, Middle, Last):**

**Telephone:**

**Address:**

**Email Address(optional):**

**Citation Number:**

I hereby request a waiver of the required advance penalty deposit pursuant to SRCC Sections 1-30.235.2(G) and 1-30.235.3(B).

To qualify for the Waiver of Deposit, you must meet one of the two following conditions:

- 1) Your monthly income is 125% or less of the federal poverty level, as shown below:

2020 Federal Poverty Levels			
Individual =	\$1,329.17	Family of 2 =	\$1,795.83
Family of 3 =	\$2,262.50	Family of 4 =	\$2,729.17
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- 2) You receive public benefits from any of the following programs

Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Supplemental Nutrition Assistance Program
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Tribal TANF grant	Medi-Cal	CalWorks

### **Documentation**

Please provide a copy of either of the following to verify you meet one of the above conditions. A determination cannot be made without supporting documentation.

- A. Proof of income from a pay stub or another form of proof of earning, such as a bank statement, that shows that the income criteria as listed above is met
- B. Proof of receipt of benefits from one of the public benefit programs listed under Section 2 above.

**NOTE: Documentation must be included with this application. Support documents may include proof of: income**

*from a pay stub, earnings from a bank statement, or receipt of public assistance benefits from the list of options.*

**CONTINUE ON TO BACK PAGE**



**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this application form and all attachments are true and correct. If after the Administrative Hearing you are found liable for this citation you must pay the total amount of the violation penalty or apply for a payment plan within 10 days. Failure to do so can result in collections action.**

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

Printed Name: \_\_\_\_\_

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Code Enforcement, Room 3  
100 Santa Rosa Ave  
Santa Rosa, CA 95404

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**FOR CITY USE ONLY**

Approved       Denied

<b>Date:</b>	<b>Authorized by:</b>