



REQUEST FOR HARDSHIP WAIVER

(USE WITH REQUEST FOR APPEAL OF ADMINISTRATIVE CITATION)

(Please Print)

(See page 2 for instructions)

1. **Citation Number:** _____

2. **Your Information** (*person requesting hardship waiver/appellant*):

Name: _____

Address: _____

Phone: _____

3. **Job Title**, if you have one:

Name of Employer: _____

Employer's address: _____

4. **Your Lawyer**, if you have one (*name, firm or affiliation, address, phone number, and State Bar number*):

a. The lawyer has agreed to advance all or a portion of your deposit (*check one*): ☐ Yes -or- ☐ No

b. Lawyer's signature: _____

5. **Basis for requesting waiver of the advance deposit:**

a. ☐ I participate in the following assistance program(s) available only to persons having low or very low income (*check all that apply*):

☐ Food Stamps, ☐ Supp. Sec. Inc., ☐ SSP, ☐ Medi-Cal, ☐ County Relief/Gen. Assist., ☐ IHSS,

☐ CalWORKS or Tribal TANF, ☐ CAPI, and/or, ☐ other (*specify*): _____

(*see CA Gov. Code section 68632(a) for full program names*)

b. ☐ My gross monthly household income (before deductions for taxes) is less than 125% of the current poverty guidelines (see CA Government Code section 68632(b)). For 2017, this amount is as follows:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people, add \$450.00 for each extra person.
1	\$1,264.58	3	\$2,164.58	5	\$3,064.58	
2	\$1,714.58	4	\$2,614.58	6	\$3,514.58	

c. ☐ I do not have enough income to pay for my household's basic needs *and* the advance deposit. (*If you check box 5c, you must provide supporting information, and may do so in the space provided on page 2*)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

DATE

YOUR SIGNATURE (*Person Requesting Waiver*)

NOTICE: This request and any resulting waiver, if granted, is limited to and respects only the advance deposit otherwise required to complete a request for appeal of administrative citation. A successful request for waiver shall not constitute a waiver of the penalty indicated in the citation, and appellant will owe the full amount of the penalty after hearing, unless otherwise determined by the hearing officer.

Ukiah Office:

Mendocino County
Dept. of Planning & Building Services
860 North Bush Street
Ukiah, CA 95482
(707) 234-6650

Fort Bragg Office:

Mendocino County
Dept. of Planning & Building Services
120 West Fir Street
Fort Bragg, CA 95437
(707) 964-5379



ADDITIONAL INFORMATION:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ Number of attached pages (if any): _____

Check this box if: (i) you require additional space, or (ii) you are attaching supporting document(s).

Notice: Do **NOT** provide original supporting documents, only copies – documents will not be returned.

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