



CITY OF GARDEN GROVE
ADMINISTRATIVE CITATION APPLICATION FOR
HARDSHIP WAIVER OF
ADVANCED DEPOSIT OF FINE

Submit form to:
Citation Processing Center
PO Box 7275
Newport Beach, CA 92658-7275

DATE STAMP

OFFICE USE ONLY

GRANTED DENIED

INITIALS: _____

APPELLANT INFORMATION:

Name: _____ Date: _____

Residence Address: _____

Mailing Address _____

Phone _____ Email: _____

Citation Number (upper left hand corner) _____ Date of Citation _____

REASON FOR REQUEST OF WAIVER (use additional paper if necessary)

EMPLOYMENT:

Employed Full-Time Part-Time Unemployed Disabled Student Military Other _____

SUPPORTED BY:

Self Spouse Parents Welfare S.S.I. T.A.N.F. Unemployed Other _____

PERSONS SUPPORTING:

Self Spouse Children # of _____ Parents Other _____

STATE YOUR NET INCOME (take home pay)

\$ _____ every _____ days

ASSETS:

	<u>VALUE</u>
Home	\$ _____
Vehicle(s)	\$ _____
Property	\$ _____
Savings	\$ _____
Checking	\$ _____
Cash on Hand	\$ _____
Jewelry/Furniture	\$ _____
Stocks/Bonds	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

TOTAL ASSETS \$ _____

MONTHLY EXPENSES:

Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans/CC cards	\$ _____
Food/Clothing	\$ _____
Auto Expenses (Insurance/gas)	\$ _____
Medical/Dental	\$ _____
Installments (purpose & amt)	
1) _____	\$ _____
2) _____	\$ _____
Other Expenses (specify)	
_____	\$ _____

TOTAL EXPENSES \$ _____

**You MUST send supporting documentation showing why you are unable to pay the full fine.
This request will be denied if accompanying supportive documentation is not included.**

I declare under penalty of perjury that the foregoing statements and information is true and correct.

Signature _____ Date _____

INFORMATION SHEET ON CRITERIA FOR APPLICATION FOR HARDSHIP WAIVER OF ADVANCED DEPOSIT OF FINE

If you cannot afford to pay the Advanced Deposit citation fine prior your Administrative Hearing, the fine may be waived until the decision of the Administrative Hearing, **IF** you meet one of the two following criteria:

1) You are receiving financial assistance under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, which implements TANF (Temporary Assistance for Needy Families)
- Supplemental Nutrition Assistance or California Food Assistance Food Stamp Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Other Governmental Financial Assistance (CAPI or IHSS)

If you are claiming eligibility for a waiver of the Advanced Deposit fine because you receive financial assistance under one or more of these programs, you must produce documentation confirming benefits from a public assistance agency, or one of the following documents:

PROGRAM	VERIFICATION REQUIRED
SSI / SSP	Medi-Cal Card <u>OR</u> Notice of Planned Action <u>OR</u> SSI Computer-Generated Printout <u>OR</u> Bank Statement showing SSI Deposit <u>OR</u> 'Passport to Services'
CalWORKs / TANF	Medi-Cal Card <u>OR</u> Notice of Planned Action <u>OR</u> Income and Eligibility Verification Form <u>OR</u> Monthly Reporting Form <u>OR</u> Electronic Benefit Transfer Card <u>OR</u> 'Passport to Services'
Supplemental Nutrition Assistance or California Food Assistance Food Stamp Program	Notice of Action <u>OR</u> Food Stamp ID Card <u>OR</u> 'Passport to Services'
General Relief / General Assistance	Notice of Action <u>OR</u> Copy of Check Stub <u>OR</u> County Voucher

**2) Your gross (before deductions) monthly household income is less that the following amounts:
(These amounts are calculated per Gov't Code Section 68632, and equal 125% of the Current Poverty Guidelines published in the Federal Register and set by the U.S. Dept. of Health and Human Services)
You must provide accompanying documentation confirming your monthly income.**

NUMBER IN FAMILY	FAMILY INCOME	NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1063.34	6	\$ 2930.00
2	\$ 1436.67	7	\$ 3303.34
3	\$ 1810.00	8	\$ 3676.67
4	\$ 2183.34	Each	Add
5	\$ 2556.67	Additional	\$373.34