



OFFICE of the CITY CLERK

EMAIL: [cityclerk@cityofgardena.org](mailto:cityclerk@cityofgardena.org)

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / [WWW.CITYOFGARDENA.ORG](http://WWW.CITYOFGARDENA.ORG) / PHONE (310) 217-9565

**ADVANCE DEPOSIT HARDSHIP WAIVER**  
**GARDENA MUNICIPAL CODE § 1.20.070**

**THIS REQUEST MUST BE FILED WITH CLERK'S OFFICE WITHIN 10 DAYS OF THE CITATION DATE:**

Name:	Administrative Citation Number:
Address:	Citation Date:
Violation Address:	Social Security Number:
Phone:	Date:

**REASON FOR WAIVER REQUEST**


**SOURCE(S) OF INCOME AND AMOUNT:**

EMPLOYMENT: \$ \_\_\_\_\_  
TANF: \$ \_\_\_\_\_  
OTHER: \$ \_\_\_\_\_

UNEMPLOYMENT: \$ \_\_\_\_\_  
SSI: \$ \_\_\_\_\_  
OTHER: \$ \_\_\_\_\_

Please provide copies of documents verifying sources(s) of income, (Documents may include social provide copies of documents may include Social Security, general assistance, TANF, current paycheck, etc.) See qualification guideline on reverse side.

I declare under the penalty that the statement contained in the attached Advance Deposit Hardship Waiver are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal requested waiver.

Signature:	Print Name:	Date:
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**FOR OFFICE USE ONLY:**

Deposit Waiver: ☐ Granted ☐ Denied Reason: \_\_\_\_\_

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

## **ADVANCE DEPOSIT HARDSHIP WAIVER QUALIFICATIONS**

The information you provide will assist the City in deciding whether or not you qualify for a waiver of the advance deposit for your hearing request.

The waiver program is voluntary. Failure to provide sufficient information can result in a determination of ineligibility for this waiver.