



OFFICE of the CITY CLERK

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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 and financial hardship (Documents may include Social Security, general assistance, TANF, current paycheck, etc.) See Qualification Guidelines on the reverse side.

I declare under penalty that the statement(s) contained in this Advance Deposit Hardship Waiver and any attachments 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 of the requested waiver.

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

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

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

## **QUALIFICATION GUIDELINES**

### **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.