

# Advanced Deposit Hardship Waiver



## Complete form and return to:

County of San Bernardino  
Attention: Fire Hazard Appeals  
385 N. Arrowhead Ave, First Floor  
San Bernardino, CA 92415  
(909) 884-4056

### Personal Information

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Decision Appealed and, if issued, Invoice No: \_\_\_\_\_

### Information Relating to Request for Waiver

1. Employment
  - a. My occupation (specify): \_\_\_\_\_  
My employer and employer's address: \_\_\_\_\_
  - b. My spouse's occupation (specify): \_\_\_\_\_  
My spouse's employer and employer's address: \_\_\_\_\_
2. Financial Assistance (check all that apply)
  - a.  I am receiving Supplemental Security Income and State Supplemental payments Programs CalWORKs.
  - b.  I am receiving Food Stamps.
  - c.  I am receiving County Relief, General Relief or General Assistance.
3. If you checked that you are receiving any form of financial assistance listed in item 2 immediately above you must complete one of the three questions below. (Do not respond to more than one question)
  - a.  (Optional) My Medi-Cal number is (specify): \_\_\_\_\_
  - b.  (Optional) My social security number is (specify): \_\_\_\_\_  
(Federal law does not require that you give your social security number. However, if you don't give your social security number, you must respond to question "c" below and attach documents to verify the benefit claimed in item 2 above.)
  - c.  I am attaching documents to verify receipt of the benefits claimed in item 2.  
(If you checked this box, skip items 4 and 5, and sign at the bottom of this page.)
4.  My total monthly household income is less than the current monthly poverty threshold annually established by the Community Services Administration pursuant to Section 625 of the Economic Opportunity Act of 1964, as amended. (If you checked this box, you must also complete the second page of this application).
5.  My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay the advanced deposit penalty. (If you checked this box, you must also complete the second page of this application).

I make the representations set forth in this Application knowing that any person who willfully provides the county clerk with false statements of material facts in this application is guilty of a misdemeanor and upon conviction thereof is punishable by a fine of not more than one thousand (\$1,000.00) or by imprisonment of a period of not more than six months, or by both such fine and imprisonment.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Financial Information**

6. My pay changes considerably from month to month (if you check this box, each of the amounts reported in item 7 should be your average for the past 12 months).

7. My Monthly Income

- a. My gross monthly pay is ..... \$ \_\_\_\_\_
- b. My payroll deductions are (specify purpose and amount i.e. taxes, medical insurance, etc.)
  - 1) \_\_\_\_\_ \$ \_\_\_\_\_
  - 2) \_\_\_\_\_ \$ \_\_\_\_\_
  - 3) \_\_\_\_\_ \$ \_\_\_\_\_
  - 4) \_\_\_\_\_ \$ \_\_\_\_\_
 My TOTAL payroll deduction amount is \_ \$ \_\_\_\_\_
- c. My monthly take-home pay is (a. minus b.) ..... \$ \_\_\_\_\_

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (veterans payment, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

- 1) \_\_\_\_\_ \$ \_\_\_\_\_
- 2) \_\_\_\_\_ \$ \_\_\_\_\_
- 3) \_\_\_\_\_ \$ \_\_\_\_\_
- 4) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of other money is:  
(If more space is needed, attach page labeled Attachment 7d.) ..... \$ \_\_\_\_\_

e. MY TOTAL MONTHLY INCOME IS (c. plus d.) ..... \$ \_\_\_\_\_

f. Number of persons living in my home:  
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for your support:

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gross Monthly Income</u>
1)				\$ _____
2)				\$ _____
3)				\$ _____
4)				\$ _____
5)				\$ _____

The TOTAL amount of other money is:  
(If more space is needed, attach page labeled Attachment 7f.) ..... \$ \_\_\_\_\_

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.) ..... \$ \_\_\_\_\_

8. I own or have an interest in the following property:

- a. Cash ..... \$ \_\_\_\_\_
- b. Checking, savings, and credit union accounts (list)
  - 1) \_\_\_\_\_ \$ \_\_\_\_\_
  - 2) \_\_\_\_\_ \$ \_\_\_\_\_
  - 3) \_\_\_\_\_ \$ \_\_\_\_\_
  - 4) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, other vehicles, and boats (list make, year, fair market value (FMV) and loan balance of:

Property	FMV	Loan Balance
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV) and loan balance of each:

Property	FMV	Loan Balance
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____

e. Other personal property – jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

9. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment ..... \$ \_\_\_\_\_
- b. Food and household ..... \$ \_\_\_\_\_
- c. Utilities and telephone ..... \$ \_\_\_\_\_
- d. Clothing ..... \$ \_\_\_\_\_
- e. Laundry and cleaning ..... \$ \_\_\_\_\_
- f. Medical and dental payments ..... \$ \_\_\_\_\_
- g. Insurance (life, health, etc.) ..... \$ \_\_\_\_\_
- h. School, Child care ..... \$ \_\_\_\_\_
- i. Child, spousal support ..... \$ \_\_\_\_\_
- j. Transportation and auto expenses ..... \$ \_\_\_\_\_
- k. Installment payments (specify purpose and amount):
  - 1) \_\_\_\_\_ \$ \_\_\_\_\_
  - 2) \_\_\_\_\_ \$ \_\_\_\_\_
  - 3) \_\_\_\_\_ \$ \_\_\_\_\_

The TOTAL amount of monthly installment payments. \$ \_\_\_\_\_

l. Amounts deducted due to wage assignments and earnings withholding ..... \$ \_\_\_\_\_

- m. Other expenses (specify):
  - 1) \_\_\_\_\_ \$ \_\_\_\_\_
  - 2) \_\_\_\_\_ \$ \_\_\_\_\_
  - 3) \_\_\_\_\_ \$ \_\_\_\_\_
  - 4) \_\_\_\_\_ \$ \_\_\_\_\_
  - 5) \_\_\_\_\_ \$ \_\_\_\_\_

n. MY TOTAL MONTHLY EXPENSES ARE (add 9a through 9m) ..... \$ \_\_\_\_\_

10. Other facts that support this application are (describe usual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the officer understand you budget. If more space is needed, attach page labeled Attachment 10): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_