REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER APPLICATION FORM



Complete form and return to:

Received Date Stamp

County of San Bernardino, c/o Citation Processing Center PO Box 7275, Newport Beach, CA 9265 (800) 969-6158 www.citationprocessingcenter.com

San Bernardino County Code Section 11.0208 allows a person who intends to request a review of the administrative citation to contest that they did not own the subject property; commit, cause, or otherwise allow a violation of one or more provisions of Titles 1 through 8, inclusive, of this Code to occur, exist, or continue as alleged in the administrative citation at issue; whether the violation occurred or continues to occur; administrative costs; or that they are not a responsible party as defined at § 11.0202

Administrative Citation Number:		Administrative Citation Date:		
Name of Requestor:		Address:	APN:	
City:	State:	Zip Code:	Phone Number:	
Information Relating to Reque	st for Waiver:			
I am unable to make the adva	ance deposit for the	following reason(s) (attac	h additional pages as needed):	
My monthly household incom	me is \$	and I have	dependents, including myself.	
I declare under penalty of per	jury that the forego	ing statement and informat	ion provided by me is true and correct.	

You are required to submit documents to support your request for financial hardship. Examples of acceptable documents include: Federal Tax Returns, IRS Form 1722 – Verification of Non-Filing, Verification of Social Security or Supplemental Security Income Benefits, Notice of Action – General Assistance or Temporary Aid for Needy Families, or Notice of Unemployment Award. This waiver is subject to review and the submittal is not a guarantee of approval of the waiver. Failure to qualify will require the full advance deposit to continue with the appeal

The County applies Income Guidelines based on the 48-state poverty threshold annually established by the US Census Bureau as published in the Federal Register.