REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER APPLICATION FORM



Complete form and return to:

Rece	ived	Date	Stamp

County of San Bernardino, Code Enforcement 385 N Arrowhead Ave, First Floor, San Bernardino, CA 92415 (909) 884-4056 lus.sbcounty.gov

San Bernardino County Code Section 11.0208 allows a person who intends to request a review of the Code Enforcement Abatement Invoice 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 invoice 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

Case Number:	Invoice Date:	:		
Name of Requestor:		Address:	APN:	
City:	State:	Zip Code:	Phone Number:	
Information Relating to Rec	uest for Waiver:			
I am unable to make the a	dvance deposit for the	following reason(s) (attach	n additional pages as needed):	
			dependents, including myself.	
I declare under penalty of	perjury that the foregoi	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.