



### Advance Deposit / Appeal Fee Hardship Waiver Form

Office Use Only

Today's Date: \_\_\_\_\_ Case Number/Permit: \_\_\_\_\_ APN: \_\_\_\_\_

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

E-mail Address (print clearly): \_\_\_\_\_

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

I am appealing the following and I am unable to pay the required advance deposit or appeal fee:

Administrative Citations:

Administrative Citation (with Form C1). Citation Number \_\_\_\_\_ Amount \_\_\_\_\_.  
**Return this form with your Notice of Appeal (Form C1) to: County of San Bernardino, c/o Citation Processing Center, PO Box 7275, Newport Beach, CA 92658 (800) 969-6158**

Short-Term Rental, Fire Hazard Abatement, and Written Orders:

- Fire Hazard Notice to Abate or Invoice (with Form F1) - Invoice Number or Notice Date \_\_\_\_\_.
- Code Enf. Written Order (with Form W1) - Case Number \_\_\_\_\_ Notice Date \_\_\_\_\_.
- Short-Term Rental permit suspension, revocation, change, denial (with Form S1) -  
Notification Letter Date \_\_\_\_\_.
- Short-Term Rental surrounding property owner (with Form SPO1) – Notice Date \_\_\_\_\_

**Return this form with your Notice of Appeal (Form F1, W1, S1, or SPO1) to: County of San Bernardino, Attn: Appeals, 268 W Hospitality Lane, Suite 300, San Bernardino, CA 92415 (909) 884-4056**

**Information Relating to Request for Waiver:**

I am unable to pay the advance deposit/fee for the following reason(s) (attach additional pages as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My monthly household income is \$ \_\_\_\_\_ and I have \_\_\_\_\_ dependents, including myself.

**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 or appeal fee to continue with the appeal process.

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.

\_\_\_\_\_  
Appellant Signature

\_\_\_\_\_  
Date