Application for Waiver of Deposit for Administrative Hearing

Name: _____ Date of Birth: _____ Driver License: _____

Address: _____ Telephone: _____

Citation Number: _____ Email Address: _____

I hereby request a waiver of the required advance penalty deposit of $_____because of financial hardship.

I declare that I am a recipient of one of the following forms of need-based benefits (CHECK ALL THAT APPLY):

( ) General Assistance	( ) Aid to Families with Dependent Children	( ) Social Security Income (SSI)
( ) Section 8 housing	( ) Social Security Disability	( ) Other

I am unable to make the advance deposit for the following reasons (use additional page to explain the reason for the request and attach supporting documentation):

_____

_____

_____

_____

_____

I hereby give permission to the City of Hollister, or its representative, to investigate my financial situation that I have represented hereinabove and further grant authority to contact any sources necessary to investigate and evaluate my claim of hardship. If the deposit is waived, I know that I will be required to pay that deposit amount if I lose my appeal.

I declare under penalty of perjury and the laws of the State of California that the foregoing is true and correct.

Signature _____ Date: _____

Note: Documentation must be included with this application. Support documents may include proof of income from a pay stub, earning from a bank statement or receipt of public assistance benefits from the list of options. Failure to provide the requested information within 30 working days from the issuance of the Administrative Citation will result in a determination of ineligibility for this waiver.

Approved 08/2022