



**CITY OF VALLEJO**  
**POLICE DEPARTMENT**  
**CODE ENFORCEMENT DIVISION**

555 Santa Clara Street • California • 94590-5934 • (707) 648-4469 • FAX: (707) 649-3540

**REQUEST FOR ADVANCED FEE DEPOSIT WAIVER**

1. **NAME:** \_\_\_\_\_  
**CASE #:** \_\_\_\_\_ **NOTICE OF VIOLATION**  
**DATE:** \_\_\_\_\_
2. **VIOLATION**  
**ADDRESS:** \_\_\_\_\_
3. **MAILING ADDRESS:** \_\_\_\_\_
4. **I hereby request a waiver of the appeal fee requirement because:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you require additional room, you may attach another sheet).

5. **Please provide a copy of your most recent state or federal income tax return and at least one other document verifying income, including, but not limited to: social security, general assistance, FDC, or current pay stub.**

**Number of dependents:**

**SELF** \_\_\_\_\_ **SPOUSE** \_\_\_\_\_ **CHILDREN** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**Total number of dependents, name, relationship, age, specify:** \_\_\_\_\_

**DEPENDENTS:**

<b>NAME</b>	<b>AGE</b>	<b>RELATION</b>	<b>GROSS MONTHLY INCOME</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL AMOUNT OF OTHER MONEY IS:** \$ \_\_\_\_\_

**If more space is needed, attach page labeled Attachment 7A.**

6. My occupation, employer, and employer's address are (*specify*):

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. My spouse's occupation, employer, employer's address are (*specify*):

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.  I am receiving financial assistance under one or more of the following programs:

- a)  SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs.
- b)  CalWorks: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC).
- c)  Food Stamps: the Food Stamp Program (EBT)
- d)  County Relief General (G.R.) or General Assistance (G.A.).

If you checked Item 9, you must check and complete Item "a" below.

10. a)  I am attaching documents to verify receipt of the benefits checked in item 9. (See Attached Information Sheet for a list of acceptable documents) regarding item 10.

*(If you checked ten (10) above, skip item 12, and sign at the bottom of this side.)*

11. a)  My total gross monthly household income is less than the amount shown on the attached Waiver of Advanced Fee Deposit Information Sheet.

*(If you checked box 12 above, complete items 13 through 19 on the attached Financial Information form, and sign at the bottom of this page.)*

I declare under the penalty of perjury the laws of the State of California that the information on both sides of this form and all attachments are complete, true, and correct.

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

**FINANCIAL INFORMATION**

12. ( ) My pay changes considerably from month to month. [If you check this item, each of the amounts reported in item 14 should be your average for the past twelve (12) months.

13. MY MONTHLY INCOME

a) My gross monthly pay is . . . . . \$ \_\_\_\_\_

b) My payroll deductions are (specify Purpose and amount):

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

My TOTAL payroll deduction amount is: \$ \_\_\_\_\_

c) My monthly take-home pay is:  
(a minus b) \$ \_\_\_\_\_

c) Other money I get each month is (specify source and amount; include spousal support, child support, parental support from outside the house, scholarships, retirement or pensions, social security, disability, unemployment compensation, military basic allowance for quarters (BAQ), veterans payments, 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 14d)

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

a. Number of persons living in home \_\_\_\_\_

Below list all the persons living in your home, including your spouse, who depend in whole or 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 money is \$ \_\_\_\_\_  
(If more space is needed, attached page labeled Attachment 15f)

**-- FORM CONTINUES ON PAGE 4 --**

15. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS: \$ \_\_\_\_\_

(a plus d plus f)

16. I own or have interest in the following property:

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

d. Cars, other vehicles and boats (list make, year & fair market value (FMV), and other loan balances of each):

	<u>Property</u>	<u>FMV</u>	<u>Loan Balance</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

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

\_\_\_\_\_

17. My monthly expenses not already listed in item 17 above re the following.

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

The TOTAL amount of installment payments is: \$ \_\_\_\_\_

l. Amounts deducted due to wage assignments and earnings withhold orders: \$ \_\_\_\_\_

Other expenses (*specify*):

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

The TOTAL amount of monthly installment payment is: \$ \_\_\_\_\_

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

18. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the department understand your budget; if more space is needed, attach page labeled Attachment 19):

**19. ADVANCED FEE DEPOSIT WAIVER**

If you wish to have a hearing, and if you cannot afford to pay the Appeal Fee, you may not have to pay if:

1. You are receiving financial assistance under one or more of the following programs:
  - ⇒ SSI and SSP: Supplemental Security Income and state Supplemental Payments Programs.
  - ⇒ CalWorks: California Work Opportunity and Responsibility to Kids act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC).
  - ⇒ Food Stamps: the Food Stamp Program
  - ⇒ County Relief General (G.R.) or General Assistance (G.A.).

If you are claiming eligibility for a waiver of the Advanced Fee Deposit based on your receiving financial assistance under one or more of these programs, you must produce a letter confirming benefits from a public assistance agency or one of the following documents:

PROGRAM	VERIFICATION
<b>SSI/SSP</b>	<ul style="list-style-type: none"> <li>➤ MediCal Card <b>or</b></li> <li>➤ Notice of Planned Action <b>or</b></li> <li>➤ SS Computer General Printout <b>or</b></li> <li>➤ Bank Statement Showing SSI Deposit <b>or</b></li> <li>➤ “Passport to Services”</li> </ul>
<b>CALWORKS/TANF</b> (Formerly known as AFDC)	<ul style="list-style-type: none"> <li>➤ MediCal Card <b>or</b></li> <li>➤ Notice of Planned Action <b>or</b></li> <li>➤ Income and Eligibility Verification Form <b>or</b></li> <li>➤ Monthly Reporting Form <b>or</b></li> <li>➤ Electronic Benefit Transfer Card <b>or</b></li> <li>➤ “Passport to Services”</li> </ul>
<b>FOOD STAMP PROGRAM</b>	<ul style="list-style-type: none"> <li>➤ Notice of Action <b>or</b></li> <li>➤ Food Stamp ID Card <b>or</b></li> <li>➤ “Passport to Service”</li> </ul>
<b>GENERAL RELIEF / GENERAL ASSISTANCE</b>	<ul style="list-style-type: none"> <li>➤ Notice of Action <b>or</b></li> <li>➤ Copy of check stub <b>or</b></li> <li>➤ County voucher</li> </ul>

-OR-

2. Your total gross monthly household income is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	858.33
2	1,152.08
3	1,445.83
4	1,739.58
5	2,033.33

NUMBER IN FAMILY	FAMILY INCOME
6	2,327.08
7	2,260.83
8	2,914.58
Each Additional	293.75

-OR-

3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also to pay the Appeal Fee.

**DIRECTOR'S DECISION ON REQUEST FOR APPEAL FEE WAIVER**

1. The request was filed on (date): \_\_\_\_\_
2. The request was filed by (name): \_\_\_\_\_
3.  The request is **GRANTED**  in whole  in part
  - a.  **No payments.** Payment of the Appeal Fee Waiver is waived
  - b.  **Applicant shall** pay one-half of the Appeal Fee
  - c.  The Director requires a meeting with the applicant to review the applicant's financial status as follows:

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **PLACE:** \_\_\_\_\_

4.  The request is denied for the following reasons (specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your request is denied you must pay the Appeal Fee due in this action within ten (10) days from the date of this order or you will be deemed to have waived your right to an administrative hearing to appeal the fee imposed and shall constitute a failure by you to have exhausted your administrative remedies.**

\_\_\_\_\_  
**LIEUTENANT KENNY PARK**  
CODE ENFORCEMENT/COMMUNITY SERVICES DIVISION COMMANDER

\_\_\_\_\_  
**DONG YOO**  
SENIOR CODE ENFORCEMENT OFFICER