



# CONFIDENTIAL

## CODE ENFORCEMENT

### REQUEST TO WAIVE APPEALS HEARING FEE(S)

Clerk stamps date here when form is filed:

Rec'd by (initials):

Case Number:

If you are receiving public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your appeals hearing fee(s), you may use this form to request Code Enforcement management to waive your appeals hearing fee(s). Code Enforcement management may ask you some questions about your finances.

#### ① Your Information (person asking the court to waive the fees):

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### ② Your Job, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

#### ③ What appeals hearing fee(s) are you asking to be waived?

Notice of Violation Appeals Fee (non-refundable, refer to current Fee Schedule for actual cost)

Administrative Citation Deposit Fee (deposit cost is the amount of the Administrative Citation)

#### ④ Why are you asking management to waive your appeals hearing fee(s)?

a. I receive (check all that apply; see page 3 for definitions and more information):

Food Stamps       Supp. Sec. Inc.       SSP       Medi-Cal       IHSS

CAPI       County Relief/General Assist.       CalWORKS or Tribal TANF

b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 4b, you must fill out 5, 6, and 7 on page 2 of this form).

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$466.67 for each extra person.
1	\$1,329.17	3	\$2,262.50	5	\$3,195.84	
2	\$1,795.84	4	\$2,729.17	6	\$3,662.50	

c. I do not have enough income to pay for my household's basic needs and the appeals hearing fees. I ask management to: (check one and you **must** fill out page 2):

waive all appeals hearing fees       waive some of the appeals hearing fees

let me make payments over time

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Print your name here



\_\_\_\_\_  
Sign here

If you checked **4a** on **page 1**, do not fill out below. If you checked **4b**, fill out questions **5, 6, and 7 only**. If you checked **4c**, you **must fill out this entire page**. If you need more space, or if you have other facts to share such as unusual medical expenses, etc., attach a sheet of paper and write "Financial Information" and your name and case number at the top.

⑤  Check here if your income changes a lot from month to month. If so, complete form based on average income for the past 12 months

**⑥ Your Gross Monthly Income**

a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc. **Attach a copy of your proof of income.**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

b. Your total monthly income: \$ \_\_\_\_\_

**⑦ Household Monthly Income**

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

	Name	Age	Relationship	Gross Monthly Income
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____

b. Your total monthly income: \$ \_\_\_\_\_

**⑧ Your Money and Property**

a. Cash \$ \_\_\_\_\_

b. All financial accounts (List bank name and amount):

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

	Make/Year	Fair Market Value	Amount Still Owed
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____

d. Real estate

	Address	Fair Market Value	Amount Still Owed
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	Description	Fair Market Value	Amount Still Owed
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____

**⑨ Your Monthly Deductions and Expenses**

a. List any payroll deductions and the monthly amount below:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

b. Rent or house payment & maintenance \$ \_\_\_\_\_

c. Food and household supplies \$ \_\_\_\_\_

d. Utilities and telephone \$ \_\_\_\_\_

e. Clothing \$ \_\_\_\_\_

f. Laundry and cleaning \$ \_\_\_\_\_

g. Medical and dental expenses \$ \_\_\_\_\_

h. Insurance (life, health, accident, etc.). \$ \_\_\_\_\_

i. School, childcare \$ \_\_\_\_\_

j. Child, spousal support (another marriage) \$ \_\_\_\_\_

k. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_

1. Installment payments (list each below):  
 Paid to:  
 1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_  
 m. Wages/earnings withheld by court order \$ \_\_\_\_\_  
 n. Any other monthly expenses (list each below):  
 Paid to:  
 1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_  
**Total monthly expenses (add 9a through 9n above):** \$ \_\_\_\_\_

Acceptable financial programs list:

- ⇒ 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 fee waiver 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
SSI/SSP	<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 /</b> <b>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>

For management use only:

\_\_\_ Request GRANTED: \_\_\_ in whole (no payment) \_\_\_ in part (applicant shall pay \$\_\_\_\_\_ instead)

\_\_\_ Request DENIED for the following reasons (specify): \_\_\_\_\_

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

\_\_\_ Management requires a meeting with the applicant to review the applicant's financial status as follows on \_\_\_\_\_, \_\_\_/\_\_\_/20\_\_\_ at \_\_\_:\_\_\_ am/pm at \_\_\_\_\_

**Reviewed by:**

\_\_\_\_\_  
**Dong Yoo, Senior Code Enforcement Officer**

\_\_\_\_\_  
**Richard Wanzie, Police Sergeant**