

City Administrative Office

10890 San Pablo Ave  
El Cerrito, CA 94530  
www.el-cerrito.org

Main: (707) 215-4305



**APPLICATION AND DECLARATION FOR ADVANCE DEPOSIT HARDSHIP WAIVER**

To: City Clerk  
El Cerrito City Council  
10890 San Pablo Ave  
El Cerrito, California 94530

RE: Citation No. \_\_\_\_\_  
Person/Entity Cited: \_\_\_\_\_  
Date of Citation: \_\_\_\_\_  
Date of Hearing Request: \_\_\_\_\_

I hereby request a waiver, based on hardship, of the advance deposit requirement associated with my request for a hearing to contest the above-referenced Citation. The following information is provided in support of my request for a hardship waiver:

**1. INCOME**

My spouse (if any) and I have the following income:

Self:

- a. Gross monthly pay: \$ \_\_\_\_\_
- b. Total payroll deductions: \$ \_\_\_\_\_
- Detail:
  - i. Federal tax: \$ \_\_\_\_\_
  - ii. State tax: \$ \_\_\_\_\_
  - iii. FICA: \$ \_\_\_\_\_
  - iv. SDI: \$ \_\_\_\_\_
  - v. Other: \$ \_\_\_\_\_ (specify type/purpose: ) \_\_\_\_\_
  - vi. Other: \$ \_\_\_\_\_ (specify type/purpose: ) \_\_\_\_\_
  - vii. Other: \$ \_\_\_\_\_ (specify type/purpose: ) \_\_\_\_\_
  - viii. Other: \$ \_\_\_\_\_ (specify type/purpose: ) \_\_\_\_\_
- c. Monthly take-home pay: \$ \_\_\_\_\_
- d. Other monthly income: \$ \_\_\_\_\_
- e. **TOTAL MONTHLY NET INCOME:** \$ \_\_\_\_\_ (For Self only)

Spouse (if any):

- a. Gross monthly pay: \$ \_\_\_\_\_
- b. Total payroll deductions: \$ \_\_\_\_\_
- Detail:
  - i. Federal tax: \$ \_\_\_\_\_
  - ii. State tax: \$ \_\_\_\_\_

- iii. FICA: \$ \_\_\_\_\_
- iv. SDI: \$ \_\_\_\_\_
- v. Other: \$ \_\_\_\_\_ (specify type/purpose:)
- vi. Other: \$ \_\_\_\_\_ (specify type/purpose:)
- vii. Other: \$ \_\_\_\_\_ (specify type/purpose:)
- viii. Other: \$ \_\_\_\_\_ (specify type/purpose:)

- c. Monthly take-home pay: \$ \_\_\_\_\_
- d. Other monthly income: \$ \_\_\_\_\_
- e. **TOTAL MONTHLY NET INCOME:** \$ \_\_\_\_\_ (For Spouse only)

**2. DEPENDENTS**

My spouse (if any) and I have the following dependents, whose income is as follows:

| Name                     | Age | Relationship               | Monthly Take Home Pay |
|--------------------------|-----|----------------------------|-----------------------|
|                          |     |                            |                       |
|                          |     |                            |                       |
|                          |     |                            |                       |
|                          |     |                            |                       |
|                          |     |                            |                       |
| <b>Dependents' Total</b> |     | <b>Monthly Net Income:</b> | <b>\$ _____</b>       |

**3. ASSETS**

I, my spouse (if any), and my dependents (if any) own the following property:

- a. Total cash: \$ \_\_\_\_\_
- b. Total amount in checking, savings, and credit union accounts: \$ \_\_\_\_\_  
 Detail:
  - i. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  - ii. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  - iii. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  - iv. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  - v. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  - vi. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
  - vii. Name of Institution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- c. Total equity in cars, boats and vehicles: \$ \_\_\_\_\_  
 Detail:
  - i. Make/model: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
  - ii. Make/model: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
  - iii. Make/model: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
  - iv. Make/model: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
  - v. Make/model: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
  - vi. Make/model: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
- d. Total real estate equity: \$ \_\_\_\_\_  
 Detail:

- i. Address: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
- ii. Address: \_\_\_\_\_ Net value: \$ \_\_\_\_\_
- iii. Address: \_\_\_\_\_ Net value: \$ \_\_\_\_\_

**4. EXPENSES**

I, my spouse (if any) and my/our dependents (if any) have the following total monthly expenses:

\$ \_\_\_\_\_

Detail:

- a. Rent or house/mortgage payments and maintenance: \$ \_\_\_\_\_
- b. Food and supplies: \$ \_\_\_\_\_
- c. Utilities and telephone: \$ \_\_\_\_\_
- d. Clothing: \$ \_\_\_\_\_
- e. Medical and dental expenses: \$ \_\_\_\_\_
- f. Insurance (life, health, etc., not include auto): \$ \_\_\_\_\_
- g. Educational and childcare expenses: \$ \_\_\_\_\_
- h. Child/spousal support: \$ \_\_\_\_\_
- i. Transportation and auto (incl. insurance, gas, repair): \$ \_\_\_\_\_
- j. Installment payments (detail below): \$ \_\_\_\_\_
- k. Laundry and cleaning: \$ \_\_\_\_\_
- l. Entertainment: \$ \_\_\_\_\_
- m. Other (detail below): \$ \_\_\_\_\_

Detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. DEBTS**

I, my spouse (if any) and our/my dependents (if any) owe the following debts:

| Creditor name | Nature of Debt | Mo. Payments | Balance Owed | Owed By |
|---------------|----------------|--------------|--------------|---------|
|               |                |              |              |         |
|               |                |              |              |         |
|               |                |              |              |         |
|               |                |              |              |         |

[REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY]

**6. OTHER FACTS SUPPORTING WAIVER**

---

---

---

---

---

I, \_\_\_\_\_, declare under penalty of perjury, under the laws of the State of California, that the foregoing information that I have provided is true and correct.

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, California.

Signature: \_\_\_\_\_

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

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

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

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