

**INFORMATION SHEET ON WAIVER OF
DEPOSIT FOR ADMINISTRATIVE HEARING**

If you are dissatisfied with the results of an administrative review of a parking violation and wish to request an administrative hearing of the violation, and if you cannot afford to pay the required deposit, you may not have to pay the deposit 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 AFCD, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of a deposit because you receive financial assistance under one or more of these programs, you must produce documentation confirming benefits from a public assistance agency or one of the following documents:

PROGRAM	VERIFICATION
SSI/SSP	Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

- OR -

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

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each Additional	354.16

- OR -

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay the administrative hearing deposit.

To apply, fill out the Application for Waiver of Deposit for Administrative Hearing available from the Lawndale Municipal Services Department. If you claim no income, you may be required to file a declaration under penalty of perjury.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service for the County of Los Angeles (listed in the Yellow Pages under "Attorneys").

APPLICANT: TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR CITY USE ONLY
VEHICLE NUMBER: _____ VIOLATION NUMBERS: _____ ISSUE DATE: _____	
APPLICATION FOR WAIVER OF DEPOSIT FOR ADMINISTRATIVE HEARING	CITATION NUMBER: _____

I request a determination that I do not have to pay the deposit prior to an administrative hearing to contest a parking violation.

1. a. I am not able to pay any of the deposit.
 b. I am able to pay only the following portion of the deposit (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):

 b. My spouse's occupation, employer, and employer's address are (specify):

4. 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
 - d. **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. If you checked box 4, you must attach documents to verify receipt of the benefits checked in item 4.
 - a. I am attaching documents to verify receipt of the benefits checked in item 4.
[See Information Sheet on Waiver of Deposit for Administrative Hearings, available from the Lawndale Municipal Services Department, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Deposit for Administrative Hearings.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay this deposit. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the City if you become able to pay the deposit prior to the administrative hearing. You may be ordered to appear at the administrative hearing to answer questions about your ability to pay this deposit.

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

Date: _____

_____ (TYPE OR PRINT NAME) _____ (Signature)
 _____ (Financial information on reverse)

APPLICANT:

CITATION NUMBER:

FINANCIAL INFORMATION

8. [] My pay changes considerably from month to month [If you check this box, each of the amount reported in item 9 should be your average for the past 12 months.]

9. 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.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, 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 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.):\$ _____

f. Number of persons living in my home: _____

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows 1-5.

The TOTAL amount of other money is: \$ _____

(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.):\$ _____

10. I own or have an interest in the following property:

a. Cash\$ _____

b. Checking, savings, and credit union accounts (list banks):

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

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each:

Table with columns: Property, FMV, Loan Balance. Rows 1-4.

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Table with columns: Property, FMV, Loan Balance. Rows 1-3.

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

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment & 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) _____ \$ _____ (4) _____ \$ _____

The TOTAL amount of monthly installment payments is:\$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders:\$ _____

m. Other expenses (specify):

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

The TOTAL amount of other months expenses is\$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.):\$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the City understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the City if you become able to pay the deposit prior to the administrative hearing. You may be ordered to appear at the administrative hearing and answer questions about your ability to pay the deposit.

APPLICATION FOR WAIVER OF DEPOSIT FOR ADMINISTRATIVE HEARING (In Forma Pauperis)