



CITY OF SANTA CRUZ REQUEST FOR AN ABILITY-TO-PAY DETERMINATION

Use this form to request a reduction of the Total Fine(s) Due for any administrative citations related to sidewalk vending. You have a right to ask for a reduction on the Total Fine(s) Due at any time before the fine amount has been paid. This determination is based on your ability to pay the fine amount. When completed, submit this form to **City of Santa Cruz, Finance Department, 333 Front Street, Suite 200, Santa Cruz, CA 95060.**

Name:	Sidewalk Vending Permit No.:	
Mailing Address:		
City:	State:	Zip Code:

Please list all citations for which you are seeking a reduction of the Total Fine(s) Due (and attach copies):

Citation No.	Date/ Location:	Total Fine Due:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GROUND FOR SEEKING ABILITY-TO-PAY DETERMINATION (check all that apply):

- ☐ I am a recipient of:
- | | |
|--|---|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Cash Assistance Program for Aged, Blind and Disabled Legal Immigrants (CAPI) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> County Relief, General Relief and/or General Assistance |
| <input type="checkbox"/> State Supplementary Payments | <input type="checkbox"/> Supplemental Nutrition Assistance Program |
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> California Food Assistance Program |
| <input type="checkbox"/> Tribal TNAF | |
| <input type="checkbox"/> In Home Support Services (IHSS) | |
- ☐ My income is very low: (enter amount of monthly gross income: \$_____)
- ☐ Other, please explain: _____

I declare, under penalty of perjury, that all of the information contained in this request and any accompanying documents is true and correct.

Applicant's Signature Date

Stop here, and turn in the form, the below portion is for City use only. When a determination has been made, you will receive a copy of this form back with the bottom part filled in by the City either accepting your application and listing a new Fine Due Amount or rejecting this application and stating the reasoning. Please turn in a copy of this form when you make payment of the New Fine Due.

Application:

- ☐ Accepted: New Fine Due Amount: _____
- ☐ Rejected/ Grounds: _____

Determining Employee/Officer Name:	Signature:	Date:
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