



CITY OF SANTA CRUZ REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER

Use this form to request a waiver of the requirement to submit payment of all fines due and for payment of the appeal fee when appealing administrative citation(s) related to sidewalk vending. When completed, submit this form to the Code Compliance Division of the Planning and Community Development Department, located at **809 Center Street, Room 107, Santa Cruz, CA 95060**.

Name:	Sidewalk Vending Permit No. (if applicable):	
Mailing Address:		
City:	State:	Zip Code:

Please list all citations you are appealing (and attach copies):

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

GROUND FOR SEEKING WAIVER OF PREPAYMENT OF FINES AND APPEAL FEES (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: \$_____)

I declare, under penalty of perjury, that all of the information contained in this request and any accompanying documents is true and correct. I understand that if I lose my appeal then I will be responsible to pay the fines and appeal fees as directed by the independent hearing officer. I understand that if I want to seek an ability-to-pay determination, where the fines might be reduced, I will need to submit a different form.

Applicant's Signature

Date

When a determination has been made, you will receive a copy of this form with the bottom part filled in by the City either: accepting your application for a waiver and providing you with hearing information; or rejecting this application and stating the date by which you must prepay fine(s) and the appeal fee necessary to move forward with the appeal. If you fail to appear at the hearing or pay the amount due by the due date, you waive your right to appeal. Stop here, and turn in the form; the below portion is for City use only.

Application:

- ☐ Accepted. Hearing Date, Time and Location: _____
- ☐ Rejected. Amount Due and Due Date: _____

Determining Employee/Officer Name:	Signature:	Date:
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