



CITY OF MERCED
 678 West 18th Street
 Merced, CA 95340
www.cityofmerced.org

___ Code Enforcement (209) 385-6237
 ___ Finance (209) 388-7900
 ___ Animal Control (209) 385-4720

ADVANCE DEPOSIT HARDSHIP WAIVER APPLICATION

NAME: _____

MAILING ADDRESS: _____

ADDRESS OF THE VIOLATION: _____

CITATION #: _____ CASE #: _____ CITATION DATE: _____ PENALTY AMOUNT: _____

PLEASE COMPLETE THE FOLLOWING

EMPLOYMENT INFORMATION:

Employed: ___ Unemployed: ___ Disabled: ___ Welfare: ___ Other: ___

Employer Name: _____

Employer Address: _____ Employer Telephone: _____

Number of persons supported: _____

Net Income (take home pay, welfare, unemployment, etc.): \$ _____ weekly/bi-weekly/monthly (*circle one*)

ASSETS

MONTHLY EXPENSES

Checking account \$ _____
 Savings account \$ _____
 Cash on Hand \$ _____
 Vehicles \$ _____
 Home \$ _____
 Property \$ _____
 Other \$ _____
TOTAL ASSETS \$ _____

Rent/Mortgage \$ _____
 Utilities \$ _____
 Loan/Credit Cards \$ _____
 Food/Clothing \$ _____
 Transportation \$ _____
 Medical/Dental \$ _____
 Other \$ _____
TOTAL EXPENSES \$ _____

In accordance with Section 1.10.090 of the Merced Municipal Code, I am requesting a hardship waiver of the administrative citation penalty deposit prior to requesting an administrative hearing. I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. In the event my citation is not dismissed, I understand I must pay the entire amount of the penalty.

Signature: _____

Date: _____

WAIVER REQUEST REVIEW

Approved: ___ Denied: ___ Reason for Denial: _____

Signature: _____ Date: _____

The above determination was mailed via certified mail, postage prepaid, return receipt requested to the Appellant at the address listed above on _____ (date) by: _____.