



Town of Yucca Valley - Community Development/Public Works Department
REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER

Pursuant to Town of Yucca Valley Municipal Code Chapter 1.04

ADMINISTRATIVE CITATION NO:	DATE ISSUED:	
NAME:		
RESIDENCE/MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:

Your waiver must be filed at the Community Development Department, 58928 Business Center Drive, Yucca Valley, CA within twenty-one (21) days of the receipt of the Administrative Citation.

To qualify for a Waiver of Deposit, you must meet one of the two following conditions:

- 1) Your monthly income is 125% or less of the federal poverty level, as shown below:

2024 Federal Poverty Levels	
Individual = \$1,255.00	Family of 2 = \$1,703.00
Family of 3 = \$2,152.00	Family of 4 = \$2,600.00
Family of 5 = \$3,048.00	Family of 6 = \$3,497.00

- 2) You receive public benefits from any of the following programs:

Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Supplemental Nutrition Assistance Program
County Relief, General Relief, or General Assistance	California Food Assistance Program	In-Home Supportive Services (IHSS)
Tribal TANF grant	Medi-Cal	CalWorks

If a hardship waiver is granted and the requestor is subsequently found liable by the Administrative Officer, all fines, penalties and fees must be made promptly.

Please provide copies of documents verifying sources of income. (Supporting documents may include: social security, general assistance, AFDC, current paycheck, etc.)

Person(s) supported: ___ Self ___ Spouse ___ Children (#___) Other (#___) TOTAL: _____

Type of supporting documentation provided:

I declare under penalty of perjury that the foregoing statement and information is true and correct.

Signature: _____ Date: _____

For Town of Yucca Valley use ONLY

On behalf of the Town of Yucca Valley, I have considered this request for hardship waiver and based on such request, I recommend:

___ APPROVAL of the Request for Hardship Waiver, finding that the Applicant has demonstrated a present inability to deposit the administrative fine prior to obtaining a hearing date.

___ DENIAL of the Request for Hearing Waiver, finding that the Applicant has not demonstrated a present inability to deposit the administrative fine prior to the hearing date. Therefore, within twenty-one days of the issuance of the administrative citation, please send the administrative fine to:

Town of Yucca Valley
58928 Business Center Drive
Yucca Valley, CA 92284

When the administrative fine is deposited, you will be notified of the date of the hearing. If the administrative fine is not sent to the above address, you will no longer have the right to an administrative hearing and the administrative fine will be considered delinquent.

Signature: _____ Date: _____