



CITY OF CORONA

REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER GUIDELINES

The information you provide will assist the Finance Director (or his/her designee) in deciding whether to issue a waiver of the advance deposit for your appeal hearing. The waiver program is voluntary. If you choose to apply, you must provide the information requested. Failure to provide sufficient information will result in a determination of ineligibility for this waiver.

PROOF OF INCOME DOCUMENTATION

Current proof of income is required. You must include documentation of **ALL** household income for the responsible party. Please provide verification copies of all that apply.

- Federal Income Tax Return (Form 1040, 1040A) for previous year
- Current Letter 1722 from IRS for non-income adults (1-800-829-1040)
- Current verification of Social Security Benefits (1-800-772-1213)
- Current Welfare of General Assistance eligibility Notice of Action/Income Verification
- Current Documentation of Unemployment from Employment Development Department (1-800-300-5616)

GENERAL GUIDELINES

Amounts used to grant ADVANCE DEPOSIT HARDSHIP WAIVER

Family Size	Weekly Gross Income or less	Monthly Gross Income or less	Annual Gross Income or less
1	\$ 480.38	\$ 2,081.67	\$ 24,980.00
2	\$ 650.38	\$ 2,818.33	\$ 33,820.00
3	\$ 820.38	\$ 3,555.00	\$ 42,660.00
4	\$ 990.38	\$ 4,291.67	\$ 51,500.00
5	\$ 1,160.38	\$ 5,028.33	\$ 60,340.00
6	\$ 1,330.38	\$ 5,765.00	\$ 69,180.00
7	\$ 1,500.38	\$ 6,501.67	\$ 78,020.00
8	\$ 1,670.38	\$ 7,238.33	\$ 86,860.00
9	\$ 1,840.38	\$ 7,975.00	\$ 95,700.00
10	\$ 2,010.38	\$ 8,711.67	\$ 104,540.00
11	\$ 2,180.38	\$ 9,448.33	\$ 113,380.00
12	\$ 2,350.38	\$ 10,185.00	\$ 122,220.00



CITY OF CORONA

REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER FORM

If you are financially unable to make an advance deposit of the fine amount and/or appeal fee prior to an appeal hearing, you may request an advance deposit hardship waiver. The request must be filed within 5 days of the date of the issuance of the decision subject to appeal. Please attach supporting documentation to your waiver request and hand deliver or mail to:

Administrative Services Department- Finance Director
400 S. Vicentia Avenue, Suite 320, Corona, CA 92882

Name of Requestor:

In Reference to:

Decision Date Subject to Appeal:

Phone Number of Requestor:

Mailing Address of Requestor:

I received the above noted and hereby request an advance deposit hardship waiver. I declare that I am financially unable to make the advance deposit. My family's total [weekly/ monthly/ annual (circle one)] gross income is (\$) _____ and my family's size is _____, including myself.

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

Signature of Responsible Party:

Date Submitted:

For Finance Director (or his/her designee) Use Only

DEPOSIT WAIVER: Granted _____ Denied _____ Signature: _____

Reason(s) for Decision: _____

Requester Informed: _____ Forwarded to Appeal Hearing Officer: _____
(Initial/Date) (Initial/Date)