

**CITY OF SAN JOSÉ
REQUEST FOR HEARING
ADMINISTRATIVE CITATION**

ONLY person(s) listed on the administrative citation may request a hearing.

*If the cited party wishes a tenant, relative or other designated proxy to attend the hearing they must list that person(s) under “person attending hearing”.

REQUEST FOR HEARING (Due within 30 days of citation date with the advance deposit of the full citation amount)	
Citation Issued To:	Phone No. ()
Citation No(s):	Citation Date(s):
Violation Address:	
*Person Attending Hearing:	Phone No: ()
Mailing Address:	
Please explain your reason for believing this citation(s) was issued in error:	
I declare under penalty of perjury that I am the cited individual and the foregoing statement and information provided by me is true and correct.	
Signature: _____ Date: _____ Cited individual(s)	
HEARING PAYMENT & CONTACT INFORMATION	
<p>1) An advance deposit of the full citation amount must be received <u>within 30 days</u> of the citation date.</p> <p>2) If you are unable to pay the advance deposit, you may request an advance deposit hardship waiver <u>within 15 days</u> of the citation date. Complete the sections below once you have reviewed the qualification on the back of this form. Any form submitted without all proper documentation will be denied. <i>(Must also complete the section below)</i></p> <p style="text-align: center;">Mail form and payment to: City of San Jose – Finance Revenue Management, Payment Processing 200 E. Santa Clara St., 13th Floor Tower San Jose CA 95113</p> <p style="text-align: center;">Contact numbers: 408-535-7055 Option 5 Fax: 408-292-6480</p>	
REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER FOR HEARING (Due within 15 days of citation date with all supporting documentation)	
Total number of dependents:	Social Security No.: ---- ----
FOR OFFICE USE ONLY (Below)	
Deposit Waiver: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
Reason for Denial: _____	
Signature: _____ Date: _____	

**ADMINISTRATIVE CITATION HEARING
ADVANCE DEPOSIT HARDSHIP WAIVER QUALIFICATIONS:**

The information you provide will assist the City in deciding whether you qualify for a waiver of advance deposit for your hearing request.

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 wavier.*

PROOF OF INCOME DOCUMENTATION:

You MUST include the current Federal Income Tax Return (form 1040, 1040A) and copies of all the following that apply for the individual(s) cited.

Additional current proof of income required

Listed below is the income verification we accept:

1. **2009** Letter 1722 from IRS for non-income adults 1-800-829-1040
2. **2009** Verification of Social Security Benefits (SSA) 1-800-772-1213
3. **2009** Verification of Supplemental Security Income (SSI) 1-800-772-1213
4. **2009** Welfare or General Assistance eligibility (**Notice of Action / Income Verification**)
5. **2009** Documentation of Unemployment from Employment Development Department (**EDD**) 408-436-5600

A business MUST also provide the Schedule C as proof of income

GENERAL QUALIFICATIONS:

Business Owner Deposit Waiver Guidelines for 2010: *A business MUST be sole proprietorship, have no employees and the gross receipts from the Schedule C, line 1 will be at or below the poverty level.*

2009	\$21,660
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Residential Advance Deposit Waiver Guidelines for 2010:

Total No. of Dependents	Annual Gross Income
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010
For each additional person, add	\$3,7400