



ADVANCE DEPOSIT HARDSHIP WAIVER

San Bernardino County Fire Protection District
Arson Unit

Mail or Drop Off to:

598 S Tippecanoe Ave 1st Floor
San Bernardino, CA 92415-0451
Phone (909) 386-8400 • WEBSITE: www.sbcfire.org

If you have been issued an Administrative Citation, wish to appeal it, and believe you are unable to deposit the Administrative Penalty as required in order to appeal the Administrative Citation you were issued, please complete and submit this Advance Deposit Hardship Waiver **within ten (10) calendar days of the issuance** of your Administrative Citation. If you fail to submit this waiver within the required 10 days, you will have to submit the entire Administrative Penalty as a deposit on your appeal.

APPELLANT INFORMATION

CITATION NUMBER	DATE ISSUED	AMOUNT OF CITATION PENALTY			
NAME	MAILING ADDRESS	COMMUNITY	STATE	ZIP CODE	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS			

REASON FOR WAIVER REQUEST

Please check all appropriate boxes below to assist us in determining if you qualify for an Advance Deposit Hardship Waiver. Any response will require that you complete the entire Advance Deposit Hardship Waiver Form and provide the necessary documentation. The Credit and Financial Information Authorization and Release must be signed in order for us to determine your eligibility for this waiver.

1. I RECEIVE THE FOLLOWING PUBLIC ASSISTANCE:

- I am receiving Supplemental Security Income and State Supplemental payments Programs CalWORKs.
- I am receiving Food Stamps.
- I am receiving County Relief, General Relief or General Assistance.

OTHER: _____

2.

- My total monthly household income is less than the current monthly poverty threshold annually established by the Community Services Administration pursuant to Section 625 of the Economic Opportunity Act of 1964, as amended.

3.

- My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay the advanced deposit penalty. (If you checked this box, you must also complete the second page of this application).

4. I AM CURRENTLY IN BANKRUPTCY OR FILING FOR BANKRUPTCY.

- Case Number: _____ Filing Date: _____ Court: _____

5. I HAVE AN UNUSUAL, UNEXPECTED CURRENT HARDSHIP PREVENTING ME FROM PAYING THE ADVANCE DEPOSIT. (PLEASE DESCRIBE)

LEGAL NOTICE

IF YOU DO NOT SUBMIT THIS WAIVER FORM, AND ALL REQUIRED DOCUMENTATION OR FAIL TO FULLY COMPLETE THIS WAIVER FORM WITHIN 10 DAYS OF YOUR CITATION DATE, YOU WILL BE REQUIRED TO SUBMIT THE ENTIRE ADMINISTRATIVE PENALTY LISTED ON YOUR CITATION WITHIN 20 DAYS OF YOUR CITATION DATE OR YOUR APPEAL WILL BE DENIED, YOUR CASE WILL RECEIVE SUMMARY JUDGEMENT AND WE WILL BEGIN THE PROCESS OF COLLECTING THE PENALTIES THAT YOU OWE.

IF THIS ADVANCE DEPOSIT HARDSHIP WAIVER IS DENIED, YOU WILL BE REQUIRED TO SUBMIT THE ENTIRE ADMINISTRATIVE PENALTY LISTED ON YOUR CITATION WITHIN 20 DAYS OF YOUR CITATION DATE OR YOUR APPEAL WILL BE DENIED, YOUR CASE WILL RECEIVE SUMMARY JUDGEMENT AND WE WILL BEGIN THE PROCESS OF COLLECTING THE PENALTIES THAT YOU OWE.

CERTIFICATION

I swear, under penalty of perjury, that the information herein submitted by me as to the reason of my Advance Deposit Hardship Waiver request is true and correct. Additionally, I swear, under penalty of perjury, that all information and documents submitted herein in support of this Waiver request are true, correct, and have not been created or altered to present an inaccurate depiction of my financial status.

SUBMITTED BY (please print)	SIGNATURE	DATE

OFFICE USE ONLY

DATE OF RECEIPT	RECEIVED BY	WAIVER APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	REVIEWED BY	NOTICE TO APPELLANT	NOTICE TO HEARING OFFICER	SENT BY

FINANCIAL INFORMATION AND CREDIT REPORT AUTHORIZATION / RELEASE

CITATION NUMBER # _____

1 - PERSONAL INFORMATION

LAST NAME (Note if this is a "JR.", "SR.", etc)		FIRST NAME			MIDDLE NAME	
OTHER NAMES USED:						
HOME ADDRESS		COMMUNITY		STATE	ZIP	PHONE NUMBER
MAILING ADDRESS		COMMUNITY		STATE	ZIP	FAX NUMBER
DRIVERS LICENSE/ID #	STATE	SOCIAL SECURITY #	DATE OF BIRTH	MARITAL STATUS	SPOUSE'S NAME	

2 - BUSINESS INFORMATION

(Attach a copy of the Fictitious Business Statement, Articles of Incorporation and Statement of Officers, as applicable) – Use additional space if needed

BUSINESS NAME		ADDRESS		COMMUNITY		STATE	ZIP
BUSINESS PHONE	FEDERAL TAX ID NUMBER	# of EMPLOYEES	ANNUAL BUSINESS INCOME	POSITION/TITLE			

3 - EMPLOYMENT INFORMATION

(Attach a copy of one months worth of pay stubs) – Use additional space if there is more than one employer

EMPLOYER ADDRESS		CITY		STATE	ZIP	OCCUPATION/JOB TITLE
MAILING ADDRESS		CITY		STATE	ZIP	PHONE NUMBER

HOW OFTEN ARE YOU PAID?	DAILY	WEEKLY	BI-WEEKLY	MONTHLY	GROSS PAY PER PERIOD	NET PAY PER PERIOD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4 - OTHER SOURCES OF INCOME

(Includes spousal, child or parental support, retirement or pension income, social security payments, Supplemental Security Income, State Supplemental Programs, CALWORKS, County Relief, disability, unemployment, VA payments, welfare/AFDC, dividends, interest or royalties, trust income, annuities, rental income, profit-sharing, other business income, gambling or lottery winnings, etc. – ATTACH LATEST STATEMENTS) – Use additional space if necessary

ADDITIONALLY, YOU MUST ATTACH 3 YEARS OF FEDERAL AND STATE INCOME TAX RETURNS AND DOCUMENTS

INCOME TYPE	AMOUNT	FREQUENCY	INCOME TYPE	AMOUNT	FREQUENCY
1. _____	_____	_____	5. _____	_____	_____
2. _____	_____	_____	6. _____	_____	_____
3. _____	_____	_____	7. _____	_____	_____
4. _____	_____	_____	8. _____	_____	_____

5 - LIQUID ASSETS

(List all cash, savings and checking accounts – ATTACH LATEST STATEMENTS) Use additional space if necessary

ACCOUNT TYPE	ACCOUNT NAME	ACCOUNT NUMBER	BALANCE	INSTITUTION
1. CHECKING	_____	_____	_____	_____
2. SAVINGS	_____	_____	_____	_____
3. CASH	_____	_____	_____	_____
4. OTHER	_____	_____	_____	_____

6 - PROPERTY I

(List all vehicles, boats and trailers) Use additional space if necessary

	MAKE	YEAR	LEGAL OWNER (If different from registered owner)	MARKET VALUE	AMOUNT OWED
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

7 - PROPERTY II

(List real estate, homes and other properties) Use additional space if necessary

	ADDRESS OF REAL ESTATE	ASSESSORS PARCEL NUMBER	AMOUNT OWED	LIEN HOLDER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

8 - PROPERTY III

(List all other property of value such as jewelry, art, coin collections, etc. – ATTACH DOCUMENTATION OF VALUE) Use additional space if necessary

	DESCRIPTION	MARKET VALUE	LOCATION OF PROPERTY
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

9 - DEBTS

(List all credit cards, loans and other installment payments including income tax and support payments – ATTACH COPIES OF THE LATEST STATEMENTS) Use additional space if necessary

	CREDITOR	ACCOUNT NUMBER	PAYMENT	BALANCE	CURRENT? (Yes or No)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

10 - EXPENSES

(Attach documentation to support your expenses) Use additional space if necessary

	EXPENSE	MONTHLY EXPENSE		EXPENSE	MONTHLY EXPENSE
1.	Rent & Mortgage	_____	8.	Laundry & Cleaning	_____
2.	Utilities and Telephone	_____	9.	Transportation	_____
3.	Food	_____	10.	Clothing	_____
4.	Transportation	_____	11.	School & Child Care	_____
5.	Medical and Dental	_____	12.	Entertainment	_____
6.	Insurance	_____	13.	Job Related	_____
7.	Child Support & Alimony	_____	14.	_____	_____

I declare under penalty of perjury under the laws of the State of California that the information provided on this form and all attachments are complete, true and correct. Additionally, I understand that the filing of any false information or making false statements in this document may be punishable pursuant to California Penal Code Sections 118, 135, 148 or 550 as well as other applicable federal, state or local laws, regulations or ordinances.

SIGNATURE	DATE
_____	_____

CREDIT and FINANCIAL INFORMATION AUTHORIZATION and RELEASE

Pursuant to California Government Code §7470 and 7473, authorization is hereby granted to SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT (herein known as, "the DEPARTMENT") to obtain my personal and professional financial and credit information from any agency, business or entity deemed necessary by the DEPARTMENT. This authorization includes all joint personal or professional accounts for which I maintain signatory or access authority or fiduciary responsibility

My signature below authorizes the DEPARTMENT to obtain the following information:

Copies of applications, signature cards or listings of authorized account access including account numbers and beneficiary names; names, addresses, contact information and account numbers linked to transactions with foreign financial institutions; records of deposits, withdrawals, and account balances; names, locations, officers and identification numbers of associated business entities; overdraft and insufficient fund notifications and records; copies of checks and other negotiable instruments; records of associated safe deposit boxes including entries; Suspicious Activity Report (SAR) information; purchases of stocks, bonds, or other securities; credit records and credit ratings; names, contact information and account numbers of associated financial institutions where I maintain accounts; copies of correspondence relating to creditworthiness and credit report corrections; documentation of any legal action initiated against me by any agency, business or entity in regard to my personal and professional financial relationship with the agency, business or entity.

Authorization is further granted to the DEPARTMENT to duplicate this authorization, if necessary, to obtain any information regarding the above mentioned information. Any reproduction of the Credit and Financial Information Authorization and Release made by reliable means (for example, photocopy or facsimile) is considered an original.

I acknowledge that I understand I maintain the right to revoke this authorization, in writing, at any time.

This authorization for disclosure and release is valid for information created or obtained from _____ through _____ and shall be automatically revoked three (3) years from the date of receipt of this authorization by the agency, business or entity.

Attached is a listing of all personal and professional accounts I hold. (Please see attached sheet(s)).

_____ Signature		_____ Date		
_____ Printed Name				
_____ Home Address		_____ City	_____ State	_____ Zip Code
_____ Date of Birth	_____ Social Security Number	_____ Driver's License/I.D. Number	_____ State	

Additional Names Used (Please Print Clearly): _____

Citation / Incident / Case #

Return all information to:

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San Bernardino, CA 92415-0451

ADDITIONAL SPACE

Use this space to provide additional information that does not fit elsewhere on this form (e.g., additional family members, employers, assets, income source, etc.) Identify the corresponding section number and title being referenced. You may copy this page and use as many sheets as necessary to fully document your ability to pay.

Example:

2 – Business Information: I also own this additional business:

Bill's Automotive, 1234 Main Street, San Bernardino CA. 92408, (909)385-2275

FID: 12-3456789, 25 Employees, Annual Income: \$25,000.00, President