



Date Received: _____ / _____ / _____

Finance Department– Revenue Division
Advance Deposit Hardship Waiver/Ability-to-Pay Determination Application
1685 Main Street, City Hall East, Santa Monica CA 90401
billing.collections@santamonica.gov | (310) 458-8224 ext.1

Name of Requestor: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____

Phone Number: _____
Email: _____

Request for Advance Deposit Hardship Waiver: Santa Monica Municipal Code Section 1.09.070(a) allows any person who intends to request a review of the administrative citation to contest that there was a violation of the Code or that he or she is the responsible party and is financially unable to make the advance deposit of the fine as required in Section 1.09.050, may file a request for an advance deposit hardship waiver. The request shall be filed with the Finance Department on an advance hardship waiver application form, available in the Finance Department, within fifteen days of the date of the administrative citation.

Request for Ability-to-Pay Determination: Pursuant to Senate Bill No. 946, as codified at Government Code Section 51039(f), you have the right to request an ability-to-pay determination for sidewalk vending citations. Ability-to-pay requests must be filed with the City of Santa Monica Finance Division. A vendor who is issued an administrative fine may request an ability-to-pay determination at adjudication or while the judgement remains unpaid, including when a case is delinquent or has been referred to a comprehensive collection program.

Table with 5 columns: Citation Information, Type of Exemption Requested, and Required Attachments. Includes checkboxes for Advance Deposit Hardship Waiver and Ability-to-Pay Determination.

Please choose option 1 and/or 2 below. You must include supporting documentation for each selection.

- Option 1: I receive public benefits under one or more of the following programs: SSI or SSP, GR or GA, IHSS, CalWORKS or Tribal TANF, CAPI, SNAP or CFAP, Medi-Cal, Other.
Option 2: I am unable to pay the advance deposit and/or administrative citation due to financial hardship or low-income: My monthly income is \$... and I have... dependents, including myself. I am able to provide documentation proving financial hardship or low-income and have attached it to this application (see page 2-A). I am unable to provide documentation proving financial hardship or low-income and have completed the signed declaration on this application (see page 2-B).

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

Printed Name of Requestor: _____
Signature of Requestor: _____ Date: _____

Submit the completed form, a copy of the administrative citation, and supporting documentation via:

- 1. Email to billing.collections@santamonica.gov with subject: Hardship Waiver/Ability-to-Pay, or
2. In person at City of Santa Monica Finance Department, 1685 Main Street– City Hall East, Santa Monica, CA 90401, or
3. Mail to (consider mailing options to ensure timely submission):
- City of Santa Monica Finance Department, 1685 Main Street– City Hall East, Santa Monica, CA 90401, or
- Citation Processing Center, P.O. Box 7275, Newport Beach, CA 92658-7275



A. Examples of acceptable financial documentation include:

- Recent Federal Tax Return
- IRS Form 1722 – Verification of Non-filing
- Verification of Social Security or Supplemental Security Income Benefits,
- Notice of Action – General Assistance or Temporary Aid for Needy Families
- Notice of Unemployment Award
- 12 months of recent bank statements

B. Signed Declaration

I, _____, declare:
[First & Last Name]

I am over the age of eighteen and make this declaration of my own personal knowledge.

I am low-income and/or experiencing financial hardship.

I am unable to pay the advance deposit and/or administrative citation indicated on my application.

My monthly income is \$ _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing statement is true and correct.

Executed this _____ day of _____, _____ in _____.
[Day] [Month] [Year] [City & State]

Signature

Date

_____, Declarant
Printed Name

Submit the completed form, a copy of the administrative citation, and supporting documentation via:

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