



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

Please note only the 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	
<i>(This request is due within 30 calendar days of citation date with the advance deposit of the full citation amount)</i>	
Citation Issued To:	Phone No. ()
Citation No(s):	Citation Date(s):
Violation Address:	
*Person Attending Hearing:	Phone No. ()
Mailing Address:	
<i>Please explain your reason for believing this citation(s) was issued in error:</i>	
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: _____
<small>Cited individual(s)</small>	
HARDSHIP PAYMENT INFORMATION FOR HEARING ONLY	
If you are contesting the citation and are unable to pay the advance deposit, you may request an advance deposit hardship waiver <u>within 15 calendar days of the citation date</u> . Please 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.	
CONTACT INFORMATION	
Mail form and payment to: City of San Jose – Finance Revenue Management - Support Staff 200 E. Santa Clara St., 13th Floor San Jose, CA 95113 Phone 408-535-7055 Option #5 / Fax 408-292-6480	
FOR OFFICE USE ONLY (Below)	
Signature _____	Date: _____
Deposit Waiver: Granted <input type="checkbox"/> Denied <input type="checkbox"/>	
Reason for denial _____	

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

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.

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

PROOF OF INCOME DOCUMENTATION:

You MUST include the current Federal Income Tax Return (form 1040, 1040A), a copy of your Schedule C (if applicable) and copies of all the following that apply for the individual(s) cited.

Additional current proof of income required

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

GENERAL QUALIFICATIONS:

Deposit Waiver Guidelines for 2017 (Multiplied by 3)

2017	\$36,180
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Residential Advance Deposit Waiver Guidelines for 2017:

Total No. of Dependents	Annual Gross Income
1	\$36,180
2	\$48,720
3	\$61,260
4	\$73,800
5	\$86,340
6	\$98,880
7	\$111,420
8	\$123,960
For each additional person, add	\$15,540