



**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".

Please indicate whether you request a virtual or in person hearing: \_\_\_\_\_ Virtual (Online) \_\_\_\_\_ In Person  
If virtual, please add an email address \_\_\_\_\_

<b>REQUEST FOR HEARING</b>	
<b>(This request is due within 30 calendar days of citation date with the advance deposit of the full citation amount)</b>	
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: _____ <span style="margin-left: 150px;">Cited individual(s)</span>	
<b>HARDSHIP PAYMENT INFORMATION FOR HEARING ONLY</b>	
If you are contesting the citation and are unable to pay the advance deposit, you may request an advance deposit hardship waiver <b><u>within 15 calendar days of the citation date.</u></b> 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.	
<b>CONTACT INFORMATION</b>	
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	
<b>FOR OFFICE USE ONLY (Below)</b>	
Signature _____ Date: _____	
Deposit Waiver: <b>Granted</b> <input type="checkbox"/> <b>Denied</b> <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:**

<b>Deposit Waiver Guidelines for 2023</b>	<b>(HHS Federal Poverty Levels Multiplied by 3)</b>
<b>2023</b>	<b>\$43,740</b>

<b>Residential Advance Deposit Waiver Guidelines for 2023:</b>	
<b>Total No. of Dependents</b>	<b>Annual Gross Income</b>
<b>1</b>	<b>\$ 43,740</b>
<b>2</b>	<b>\$ 59,160</b>
<b>3</b>	<b>\$ 74,580</b>
<b>4</b>	<b>\$ 90,000</b>
<b>5</b>	<b>\$ 105,420</b>
<b>6</b>	<b>\$120,840</b>
<b>7</b>	<b>\$136,260</b>
<b>8</b>	<b>\$151,680</b>
<b>For each additional person, add</b>	<b>\$ 15,312</b>