



**CITY OF HOLLISTER  
ADMINISTRATIVE CITATION  
REQUEST FOR FINANCIAL HARDSHIP WAIVER**

I request a waiver of the advance deposit of \$\_\_\_\_\_ because of financial hardship.

I, \_\_\_\_\_, declare that I am a recipient of one of the following forms of need-based benefits (CHECK ALL THAT APPLY):

\_\_\_ General Assistance

\_\_\_ Aid to Families with Dependent Children (AFDC)

\_\_\_ Social Security Income (SSI)

\_\_\_ Social Security Disability (SSDI)

\_\_\_ Section 8 housing

-OR-

I am unable to make the advance deposit for the following reasons (use additional page to explain the reason for the request):

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I hereby give permission to the City of Hollister, or its representative, to investigate my financial situation that I have represented hereinabove and further grant authority to contact any sources necessary to investigate and evaluate my claim of hardship. If the deposit is waived, I know that I will be required to pay that deposit amount if I lose my appeal.

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

Executed at: \_\_\_\_\_, California

Date: \_\_\_\_\_ Signature \_\_\_\_\_