



**FINANCE DEPARTMENT - REVENUE DIVISION**  
**ADVANCE DEPOSIT HARDSHIP WAIVER**  
**ABILITY-TO-PAY DETERMINATION**  
**APPLICATION FORM**

*DATE RECEIVED  
STAMP HERE*

Name of requestor: \_\_\_\_\_

I am applying for myself       I am applying on behalf of the responsible party

Administrative Citation #: \_\_\_\_\_

Administrative Citation Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am requesting an:      (if applying for both, select both options)  
 Advance Deposit Hardship Waiver (Please complete section (a) below)  
 Ability-to-Pay Determination (Sidewalk vendors only. Please complete section (b) on Page 2)

**Section (a), 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 (received by) 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.

**I am unable to pay the advance deposit for the following reasons:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My monthly income is \$ \_\_\_\_\_ and I have \_\_\_\_\_ dependents, including myself.

**I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.**

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Examples of acceptable documents include: 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, or Notice of Unemployment Award.

Income is evaluated based on the Los Angeles County Poverty Level Guidelines to determine your eligibility.

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

1. Email to [billing.collections@smgov.net](mailto:billing.collections@smgov.net) with subject: Hardship Waiver/Ability-to-Pay, or
2. In person at City of Santa Monica Finance Department, 1717 4th Street Suite 150, Santa Monica, CA 90401, or
3. Mail to (consider mailing options to ensure timely submission):
  - City of Santa Monica Finance Department, 1717 4th Street Suite 150, Santa Monica, CA 90401, or
  - Data Ticket, C/O Citation Processing Center, P.O. Box 7275, Newport Beach, CA 92658



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**Section (b), 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. 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.

**Please choose 1 or 2 below. You must include supporting documentation for each selection.**

**1.** I receive public benefits under one or more of the following programs (*check all that apply*):

- SSI or SSP (Supplemental Security Income and/or State Supplementary Payment)
- GR or GA (County Relief, General Relief, or General Assistance)
- IHSS (In-home Supportive Services)
- CalWORKS or Tribal TANF (California Work Opportunity and Responsibility to Kids Act or Tribal Temporary Assistance for Needy Families)
- CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- SNAP or CFAP (Supplemental Nutrition Assistance Program or the California Food Assistance Program)
- Medi-Cal
- Other: \_\_\_\_\_

**2.** I am unable to pay the administrative citation:

My monthly income is \$ \_\_\_\_\_ and I have \_\_\_\_\_ dependents, including myself.

**I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.**

Printed Name of Requestor: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Income is evaluated based on the Los Angeles County Poverty Level Guidelines to determine your eligibility.

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

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