



**CITY OF NEWARK  
REQUEST FOR ADVANCE  
DEPOSIT HARDSHIP WAIVER**

<b>Citation No:</b>	<i>Required</i>
<b>Date Issued:</b>	

*This form can be filled out electronically by tabbing from field-to-field. Then print, sign and date.*

<b>NAME:</b>
<b>ADDRESS:</b>

**I request a waiver of the advance deposit because:** *(If more room is needed, please attach another page.)*

*Your waiver must be filed with the City Clerk's Office, City Hall, 37101 Newark Blvd., Newark, CA within ten (10) days of the receipt of the Administrative Citation.*

**Please provide copies of documents verifying sources of income. (Supporting documents may include: social security, general assistance, AFDC, current paycheck, etc.)**

**Persons supported:**

<input type="checkbox"/> Self	<input type="checkbox"/> Children (#_____)	<b>TOTAL: _____</b>
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other (#_____)	

**Type of supporting documentation provided:**

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

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

**For City of Newark use ONLY**

**Deposit Waiver:**     Denied     Granted

**Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_

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

**PROOF OF SERVICE:** On \_\_\_\_\_ following ordinary business practices, this decision was placed for collection and mailing by first class mail at City Hall, City of Newark, 37101 Newark Blvd., Newark CA 94560 in a sealed envelope with postage fully prepaid.

**Signature:** \_\_\_\_\_