



**REQUEST FOR WAIVER OF PENALTY PAYMENT
ADMINISTRATIVE CITATION
ISSUED IN THE CITY OF BERKELEY, CALIFORNIA**

The person requesting the waiver will, following completion of the review by the processing agency and/or the issuing agency, be mailed the results of the review. Please complete this form and submit it to:

**City of Berkeley
City Manager's Office
2180 Milvia Street
Berkeley, CA 94704**

Please note that you are making this application under penalty of perjury. Any information omitted may result in the denial of this motion. **I hereby request a temporary waiver of the required deposit of penalty and that the City of Berkeley City Manager's Office proceed to schedule the appeal on the listed Administrative Citations for the following reasons:**

Date: _____ Total Amount Due: \$ _____

Citant's Name: _____ Telephone: (____) _____

Citation #: _____

Address: _____

Street City State Zip

Social Security # _____ - _____ - _____ CDL # _____

FINANCIAL INFORMATION:

Employer Name: _____

Employer Address: _____

Street City State Zip

1. EMPLOYMENT

- _____ Employed
- _____ Full Time
- _____ Part Time
- _____ Unemployed
- _____ Student
- _____ Disabled
- _____ Homemaker
- _____ Military
- _____ Other : _____

2. SUPPORTED BY:

- _____ Self
- _____ Spouse
- _____ Parents
- _____ Welfare
- _____ S.S.I.
- _____ A.F.D.C.
- _____ Unemployment
- _____ Other: _____

3. PERSONS SUPPORTED:

- _____ Self
- _____ Spouse
- _____ Children (# of) _____
- _____ Other _____
- _____ Total _____

4. Monthly gross income (include income from all earnings of your household) \$ _____

a. Pay Schedule: Weekly Bi-Weekly: Monthly (Please enter the date for monthly)

NOTE: YOU MUST PROVIDE PAY CHECK STUBS FOR ONE MONTH OR VERIFICATION OF OTHER SOURCE OF INCOME.

b. Payroll deductions are (specify purpose and amount):

(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
(5) _____	\$ _____
Total Payroll Deductions	\$ _____

c. Net Income (take home pay) \$ _____

d. Other money received each month (specify source and amount): **NOTE: MUST PROVIDE OFFICIAL DOCUMENT OF PROOF OF INCOME.**

(1) _____	\$ _____
(2) _____	\$ _____
TOTAL	\$ _____

e. TOTAL MONTHLY INCOME (c+d) \$ _____

5. ASSETS: (Value)

MONTHLY EXPENSES:

Motor Vehicle(s)	\$ _____
Home	\$ _____
Property	\$ _____
Savings Account (s)	\$ _____
Checking Account(s)	\$ _____
Cash on Hand	\$ _____
All Other	\$ _____
TOTAL ASSETS	\$ _____

Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans/Credit Card(s)	\$ _____
Food/Clothing	\$ _____
Transportation	\$ _____
Medical/Dental Payments	\$ _____
All Other	\$ _____
TOTAL EXPENSES	\$ _____

I understand if I am found liable I will be required to pay the delinquent amount due. I further understand if I fail to resolve this matter I may be subject to one of the following:

1. A trial in civil court with subsequent garnishment of my earnings.
2. A lien placed against my California Franchise Tax return.
3. This claim assigned to a collection agency.

Signature: _____ Date _____

FOR CITY OF BERKELEY CITY MANAGER'S OFFICE USE ONLY:

WAIVER OF PENALTY: [] GRANTED [] DENIED

Date _____