



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

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

NAME:
ADDRESS:

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 (#_____)	TOTAL: _____
<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: **Granted** **Denied**

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: _____