



ADMINISTRATIVE CITATION PROGRAM

INFORMATION SHEET ON FINANCIAL HARDSHIP WAIVERS

Advance Deposit Fine Waiver Request

Payment of the Administrative Citation fine is required after the Initial Review when a determination has been made that a citation is valid. Instead of paying the Advance Deposit of the Fine required to appeal the Administrative Citation, written proof of financial hardship, which shall be in the form of a declaration signed by the Cited Person under penalty of perjury on a designated City form, may be filed with the City Clerk. The declaration must state that the Cited Person either:

- 1) Participates in a governmental assistance program;
- 2) Is homeless;
- 3) Earned less than 50% of the median income for the Los Angeles County area as determined by the U.S. Department of Housing and Urban Development during the previous tax year as reported on his or her federal income tax return filed with the Internal Revenue Service;
OR,
- 4) Has extenuating circumstances limiting his or her ability to pay the deposit.

The Cited Person may provide supporting documentation that he or she meets on or more of the above criteria to request a waiver of the advance deposit required to appeal his or her Administrative Citation.

PLEASE NOTE: IF YOUR ADVANCE DEPOSIT FINE WAIVER REQUEST IS DENIED, THE ADMINISTRATIVE CITATION FINE AMOUNT MUST BE PAID IN ORDER FOR THE APPEAL HEARING TO BE SCHEDULED.

Ability-to-Pay Determination

A Cited Person, regardless of whether he or she wishes to challenge the citation, who believes he or she is unable to pay, may request a review of his or her ability to pay the assessed fine. The Cited Person must submit proof of his or her financial status, which shall be in the form of a declaration signed by the Cited Person under penalty of perjury on a designated City form, to the City Clerk. The declaration must state the reasons why the Cited Person is unable to pay the assessed fine in whole or in part because he or she either:

- 1) Participates in a governmental assistance program;
- 2) Is homeless;
- 3) Earned less than 50% of the median income for the Los Angeles County area as determined by the U.S. Department of Housing and Urban Development during the previous tax year as reported on his or her federal income tax return filed with the Internal Revenue Service;
OR,

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- 4) Has extenuating circumstances limiting his or her ability to pay the deposit.

The Cited Person may provide supporting documentation that he or she meets one or more of the above criteria to request a review of his or her ability to pay the Administrative Citation.

PLEASE NOTE: IF YOUR ABILITY-TO-PAY REQUEST IS DENIED, THE ADMINISTRATIVE CITATION FINE AMOUNT MUST BE PAID WITHIN 60 DAYS FROM THE DATE OF THE NOTICE OF DETERMINATION OF ABILITY TO PAY.

How to Apply

To request an *Advanced Deposit Fine Waiver* or an *Ability-to-Pay Determination*, complete the Request for Financial Hardship Waiver form. If you are appealing the Administrative Citation you must also complete the Request for Administrative Hearing form. All forms can be found at www.cityoflancasterca.gov/adcite, or are available at the Department of Public Safety or City Hall counter.

Mail or deliver the completed forms with any supporting documentation to the City Clerk's Office. ALL approval or denial of Requests for Advance Deposit Fine Waivers and Requests for Ability-to-Pay Determinations will be in writing and mailed to the Cited Person at his or her mailing or e-mail address provided.

Please mail, deliver, or e-mail all materials to:

City of Lancaster
c/o Administrative Citation Program
44933 Fern Avenue
Lancaster, CA 93534
adcite@cityoflancasterca.gov

You may also complete and submit the form online at www.cityoflancasterca.gov/adcite.

ADA Reasonable Accommodation Requests

The City of Lancaster will provide reasonable accommodation(s) to ensure equal access to its programs, services, and facilities for people with disabilities pursuant to the Americans with Disabilities Act (ADA). To make a request for reasonable accommodation(s), contact Meg Watkins, ADA Coordinator, at (661) 723-6187 or at ada@cityoflancasterca.gov.

Contact Information for Legal Aid Organizations

The following resources may help you find an attorney to help with your citation.

Public Counsel – Consumer Rights and Economic Justice Project
610 S. Ardmore Ave.
Los Angeles, CA 90005
(213) 385-2977, ext. 700
<https://publiccounsel.org/services/debt-collection-foreclosure-fraud/>

You may find more legal aid and non-profit agencies at www.LawHelpCA.org.



ADMINISTRATIVE CITATION PROGRAM REQUEST FOR FINANCIAL HARDSHIP WAIVER

ADMINISTRATIVE CITATION NO:	DATE ISSUED:
FINE AMOUNT: \$	

NAME OF CITED PERSON:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER: ()	EMAIL	

Please check all that apply

Request for Advance Deposit Fine Waiver

If you are requesting an Appeal Hearing and Advance Deposit Fine Waiver, you must submit all signed forms and supporting documentation within 14 days after the mailing of the “Initial Review Outcome Notice.”

The Request for an Appeal Hearing can be found at www.cityoflancasterca.gov/adcite or at the Department of Public Safety or City Hall counter.

Ability-to-Pay Determination

If you are requesting an Ability-to-Pay Determination, you must submit the signed form and supporting documentation before the citation’s due date.

All forms and supporting documentation should be mailed or delivered to: City of Lancaster, c/o Administrative Citation Program, 44933 Fern Avenue, Lancaster, CA 93534. You may also submit the form and supporting documentation via e-mail to adcite@cityoflancasterca.gov or online at www.cityoflancasterca.gov/adcite.

The City of Lancaster will provide reasonable accommodation(s) to ensure equal access to its programs, services, and facilities for people with disabilities. To make a request, please contact Meg Watkins, ADA Coordinator, at (661) 723-6187 or at ada@cityoflancasterca.gov.

QUALIFICATION(S): *(Check all that apply)*

- Participate in a Public Assistance Program
 - Supplemental Security Income (SSI)
 - General Relief (GR)
 - CalWorks
 - In-Home Supportive Services (IHSS)
 - Cash Assistance Program for Immigrants (CAPI)
 - Temporary Assistance for Needy Families (TANF)
 - Medi-Cal
 - Other: _____

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2. Homeless (Please state name of shelter if applicable: _____)
3. Low-Income Household

You earned less than 50% of the median income for the Los Angeles County area as determined by the U.S. Department of Housing and Urban Development (HUD) during the previous tax year. The table below contains the qualifying maximum levels of income based on family size for 2022.

Income Limits

Persons in Household	One	Two	Three	Four	Five	Six	Seven	Eight
<i>Less than</i>	\$41,700	\$47,650	\$53,600	\$59,500	\$64,350	\$69,100	\$73,850	\$78,650

4. Exigent Circumstances (*Check all that apply*)

YOU DO NOT NEED TO COMPLETE THIS SECTION IF YOU SELECTED 1, 2 OR 3 AS THE REASON(S) FOR YOUR FINANCIAL HARDSHIP.

a. Employment Status

- Employed (FT/ PT) Unemployed Temporarily Disabled
- Student Other: _____

b. Supported by

- Self Spouse Parents (# _____)
- Other (describe: _____)

c. Income

Did you file a Federal Tax Return with the I.R.S. for the prior tax year: YES or NO

If YES, total income reported for the prior tax year \$ _____

If NO, total income received from all sources for the prior tax year: \$ _____

d. Monthly Expenses

Rent/Mortgage	\$
Utilities	\$
Loans	\$
Credit Cards	\$
Food	\$
Clothing	\$
Transportation	\$
Medical/Dental	\$
All Other Expenses	\$
TOTAL EXPENSES	\$

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e. Cash Balances

Checking \$ _____ Savings \$ _____ Cash \$ _____

f. Statement of Financial Circumstances (*Attach additional pages if needed*)

You should submit supporting documents to support your Financial Hardship Waiver request.

Supporting documents may include, but are not limited to:

- *Evidence that you participate in a means-tested public benefits program:* benefit verification or award letter; notice of action; copy of benefits check stub; Housing Authority of the City of Los Angeles (HACLA) voucher; Medi-Cal card; income and eligibility verification form issued by a public agency administering benefits; monthly reporting form issued by a public agency administering benefits; or a benefits card.
- *Evidence that you are “homeless”:* verification of homelessness from Los Angeles Homeless Service Authority (LAHSA); documentation from a service provider demonstrating homelessness; documentation from a shelter demonstrating homelessness; or administrative citation in which the citing office describes you as “unhoused,” “homeless,” “transient,” or some other term denoting homelessness.
- *Evidence that you are “very low-income”:* copy of a pay-stub; copy of a tax return; W-2 form; or statement of gross monthly income, signed under penalty of perjury.

My attached supporting documentation includes the following: _____

I declare under penalty of perjury that the foregoing information stated above is true and correct and that I qualify for the selected waiver based on the qualifying hardship category I selected and supporting documentation I provided.

Signature: _____

Date: _____