



ADVANCE DEPOSIT HARDSHIP WAIVER

THIS SECTION TO BE COMPLETED BY APPELLANT

Today's Date:

Name:

Phone:

Email Address:

Mailing Address:

I am appealing an Administrative Citation. I am unable to pay the required advance deposit.

Administrative Citation Number:

Citation Amount:

Return this form along with your Notice of Appeal Form to:
385 N. Arrowhead Ave, 2nd floor Attn: Edible Food Recovery Program,
San Bernardino, CA 92415

OR send to: EHSCustomerService@dph.sbcounty.gov

I already submitted my required appeal form for the Administrative Citation on \_\_\_/\_\_\_/\_\_\_.

INFORMATION RELATING TO REQUEST FOR WAIVER:

I am unable to make the advance deposit for the following reason(s) (attach additional pages as needed):

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

You are required to submit documents to support your request for financial hardship. Examples of acceptable documents include Federal Tax Returns, Internal Revenue Service (IRS) Form 1722 - Verification on Non-Filing, Verification of Social Security (SSA) or Supplemental Security Income Benefits (SSI), Notice of Action (NOA) - General Assistance of Temporary Aid for Needy Families (TANF), or Notice of Unemployment Award (UIB). This waiver is subject to review and the submittal is not a guarantee of approval of the waiver. Failure to qualify will require the full advance deposit or appeal fee to continue with the appeal process.

The County applies Income Guidelines annually based on the 48-state poverty threshold established by the US Census Bureau as published in the Federal Register.

Appellant Signature:

Date: