



REQUEST TO ESTABLISH FINANCIAL HARDSHIP

IMPORTANT: Please type or print legibly. Failure to complete this form or supply the necessary documentation may result in denial of your request. The Request to Establish Financial Hardship is an administrative penalty payment waiver only. **Filing of this form does not mean you will qualify, and it does not extend the 21-calendar day appeal period. If the administrative citation is upheld, the administrative penalty is due and payable to the City of Commerce.**

Name on the citation _____ Citation Number: _____

Mailing Address _____

Daytime Telephone and Email _____

Employer and Employer's Address _____

If unemployed, months of unemployment _____

Number of persons in household (including yourself) _____

In the spaces below, list all persons in your household (*including yourself*) and their net monthly income (take-home pay, welfare, unemployment, etc.) if any. Attach a separate sheet if necessary.

	NAME	AGE	RELATIONSHIP	NET MONTHLY INCOME
1.				
2.				
3.				
4.				
5.				

Attach copies of the following to this form that support your claim of financial hardship: tax returns, financial statements, bank account records, salary records, verification of public assistance, etc.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that all of the above and all attached pages are true, correct and complete.

Signature _____ Date: _____

Name Printed _____

CITY USE ONLY

Request Granted? _____ Signed: _____ Date: _____