



REQUEST FOR FINANCIAL HARDSHIP WAIVER FORM

I request a waiver of the advance deposit of \$ _____ because of financial hardship.
I, _____, declare:

	Monthly Cash Flow
Income:	
Gross Income Appellant	\$
Net Income Appellant	\$
Gross Income Spouse	\$
Net Income Spouse	\$
(1) Total Income	\$
Fixed Outflows (monthly):	
Mortgage/Rent Expense	\$
Utilities	\$
Auto Payments	\$
	\$
Credit Card Payments	\$
Other Unsecured Loan Payments	\$
(2) Total Expense Outflow	\$
Discretionary income now (1) - (2)	
Changes due to hardship	\$
Total change due to hardship	\$
New discretionary income figure	\$
Subtract income or add expenses to total monthly outflows	\$

I hereby give permission to the City of Santa Clara, or its representative, to investigate my financial situation that I have represented hereinabove and further grant authority to contact any sources necessary to investigate and evaluate my claim of hardship.

I declare under penalty of perjury and the laws of the State of California that the foregoing is true and correct.

Executed at: _____, California

Date: _____, 20_____

Signature