



**COUNTY OF NEVADA
 COMMUNITY DEVELOPMENT AGENCY
 CODE COMPLIANCE DIVISION
 950 MAIDU AVENUE, STE 170, PO BOX 599002
 NEVADA CITY, CA 95959-7902
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**ADMINISTRATIVE CITATION
 APPLICATION FOR HARDSHIP WAIVER**

Under Government Code section 25132, subdivision (f), if the County levies a second-level or third-level fine pursuant to Nevada County Code section 5.23, subd.(K)(1) or (2), the County must establish a process for granting a hardship waiver to reduce the amount of the fine upon a showing by a responsible party that:

- (1) the responsible party has made a bona fide effort to comply after the first violation, **and**
- (2) payment of the full amount of the fine would impose an undue financial burden on the responsible party.

Information provided on this form will be used to determine if your hardship waiver will be granted. If a hardship waiver is granted, other than for possible use in the collection process should you fail to pay a fine, this information is confidential.

The County reserves the right, in determining if a temporary hardship waiver will be granted, to request additional information such as copies of tax returns and other financial documents.

Failure to provide the information requested on this form may lead to the denial of your hardship waiver.

NAME: _____ DATE: _____
 CITATION NO: _____ PENALTY AMOUNT: \$ _____

Please use the space below in support of your request for a hardship waiver to explain how you made a bona fide effort to comply after the first violation. Please provide evidence, if possible, in the form of inspection records, photographs with time stamps, work receipts, records of communications, etc:

Please use the back of the page or attach additional pages if you require more space.
 Please use the following pages to provide evidence that payment of the full amount of the fine would impose an undue financial burden on the responsible party.

EMPLOYMENT & INCOME

- Employed-Full Time Employed- Part Time Unemployed Disabled
- Public Assistance Other (Please describe)

Employer Name: _____
Employer Address: _____
Employer Telephone: _____

Household Net Monthly Income (take home pay, unemployment, etc.)
\$ _____ monthly

If unemployed, number of months of unemployment: _____ months
Number of persons supported (excluding yourself): _____ persons
Names and ages of those you support: _____

ASSETS

Checking account	\$	_____
Savings Account	\$	_____
Cash on Hand	\$	_____
Vehicles (value)	\$	_____
Home (value)	\$	_____
Personal Property	\$	_____
Other	\$	_____
TOTAL ASSETS	\$	_____

MONTHLY EXPENSES

Rent/Mortgage	\$	_____
Utilities	\$	_____
Loan/Credit Card Payments	\$	_____
Food/Clothing	\$	_____
Transportation	\$	_____
Medical/Dental	\$	_____
Other	\$	_____
TOTAL EXPENSES	\$	_____

In accordance with the Government Code section 25132, subdivision (f), I am requesting a hardship waiver and declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. In the event my hardship waiver is not granted, I understand I shall remit the full deposit amount within fifteen (15) days of the mailing of the decision.

SIGNATURE: _____ DATE: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP _____
HOME PHONE: _____
CELL PHONE: _____

PRIVACY STATEMENT

The Information Practices Act of 1977 (California Civil Code, section 1798.1 et seq.) and the Federal Privacy Act of 1974 (Title 5, United States Code, section 552a et seq.) require that this notice be provided when collecting personal information from individuals. The County of Nevada Code Compliance Department (Department) is seeking the information requested on this Application for Hardship Waiver pursuant to the authority granted to the Department by Government Code section 25132, subdivision (f) and Government Code section 53069.4. The record of the information obtained from the Application is maintained by the Department.

The information requested in the Application is voluntary; however, failure to completely and accurately provide the information may result in a denial of the Application. The principal purpose for which the information will be used is to determine whether an applicant qualifies for a hardship waiver of the Department's penalties and to verify information provided in the Application in order to circumvent fraud against the County. The Department does not have any known or foreseeable disclosures that may be made of the information. The applicant has a right of access to records containing personal information maintained by the Department.

For official use only:

WAIVER REQUEST REVIEW

Approved Denied

Reason for Denial _____

Signature: _____ Date: _____
Title of Signature: _____ Phone Number: _____