



A Tradition of Stewardship
A Commitment to Service

County Executive Office

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Minh C. Tran
County Executive Officer

APPLICATION AND DECLARATION FOR ADVANCE DEPOSIT HARDSHIP WAIVER

To: Clerk of the Board
Napa County Board of Supervisors
1195 Third Street, Room 310
Napa, California 94559

RE: Citation No. _____
Person/Entity Cited: _____
Date of Citation: _____
Date of Hearing Request: _____

I hereby request a waiver, based on hardship, of the advance deposit requirement associated with my request for a hearing to contest the above-referenced Citation. The following information is provided in support of my request for a hardship waiver:

1. INCOME

My spouse (if any) and I have the following income:

Self:

- a. Gross monthly pay: \$ _____
b. Total payroll deductions: \$ _____
Detail:
i. Federal tax: \$ _____
ii. State tax: \$ _____
iii. FICA: \$ _____
iv. SDI: \$ _____
v. Other: \$ _____ (specify type/purpose:) _____
vi. Other: \$ _____ (specify type/purpose:) _____
vii. Other: \$ _____ (specify type/purpose:) _____
viii. Other: \$ _____ (specify type/purpose:) _____
c. Monthly take-home pay: \$ _____
d. Other monthly income: \$ _____
e. **TOTAL MONTHLY NET INCOME:** \$ _____ (For Self only)

Spouse (if any):

- a. Gross monthly pay: \$ _____
b. Total payroll deductions: \$ _____
Detail:
i. Federal tax: \$ _____

- ii. State tax: \$ _____
- iii. FICA: \$ _____
- iv. SDI: \$ _____
- v. Other: \$ _____ (specify type/purpose:)
- vi. Other: \$ _____ (specify type/purpose:)
- vii. Other: \$ _____ (specify type/purpose:)
- viii. Other: \$ _____ (specify type/purpose:)

- c. Monthly take-home pay: \$ _____
- d. Other monthly income: \$ _____
- e. **TOTAL MONTHLY NET INCOME:** \$ _____ (For Spouse only)

2. DEPENDENTS

My spouse (if any) and I have the following dependents, whose income is as follows:

Name	Age	Relationship	Monthly Take Home Pay
Dependents' Total		Monthly Net Income:	\$ _____

3. ASSETS

I, my spouse (if any), and my dependents (if any) own the following property:

- a. Total cash: \$ _____
- b. Total amount in checking, savings, and credit union accounts: \$ _____
 Detail:
 - i. Name of Institution: _____ Amount: \$ _____
 - ii. Name of Institution: _____ Amount: \$ _____
 - iii. Name of Institution: _____ Amount: \$ _____
 - iv. Name of Institution: _____ Amount: \$ _____
 - v. Name of Institution: _____ Amount: \$ _____
 - vi. Name of Institution: _____ Amount: \$ _____
 - vii. Name of Institution: _____ Amount: \$ _____
- c. Total equity in cars, boats and vehicles: \$ _____
 Detail:
 - i. Make/model: _____ Net value: \$ _____
 - ii. Make/model: _____ Net value: \$ _____
 - iii. Make/model: _____ Net value: \$ _____
 - iv. Make/model: _____ Net value: \$ _____
 - v. Make/model: _____ Net value: \$ _____
 - vi. Make/model: _____ Net value: \$ _____

d. Total real estate equity: \$ _____

Detail:

- i. Address: _____ Net value: \$ _____
- ii. Address: _____ Net value: \$ _____
- iii. Address: _____ Net value: \$ _____

4. **EXPENSES**

I, my spouse (if any) and my/our dependents (if any) have the following total monthly expenses:

\$ _____

Detail:

- a. Rent or house/mortgage payments and maintenance: \$ _____
- b. Food and supplies: \$ _____
- c. Utilities and telephone: \$ _____
- d. Clothing: \$ _____
- e. Medical and dental expenses: \$ _____
- f. Insurance (life, health, etc., not include auto): \$ _____
- g. Educational and child care expenses: \$ _____
- h. Child/spousal support: \$ _____
- i. Transportation and auto (incl. insurance, gas, repair): \$ _____
- j. Installment payments (detail below): \$ _____
- k. Laundry and cleaning: \$ _____
- l. Entertainment: \$ _____
- m. Other (detail below): \$ _____

Detail:

5. **DEBTS**

I, my spouse (if any) and our/my dependents (if any) owe the following debts:

Creditor name	Nature of Debt	Mo. Payments	Balance Owed	Owed By

[REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY]

6. OTHER FACTS SUPPORTING WAIVER

I, _____, declare under penalty of perjury, under the laws of the State of California, that the foregoing information that I have provided is true and correct.

Executed this ___ day of _____, 20__ at _____, California.

Signature: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____