

ADVANCE DEPOSIT HARDSHIP WAIVER / ABILITY-TO-PAY DETERMINATION APPLICATION

Name of requestor: _____

I am applying for myself I am applying on behalf of the responsible party

Administrative Citation #: _____ Administrative Citation Date: _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip: _____ Email: _____

Request for Ability-to-Pay Determination: Pursuant to Senate Bill No. 946, as codified at Government Code Section 51039(f), you have the right to request an ability-to-pay determination. Ability-to-pay requests must be filed with the City of Rocklin Code Enforcement Division office. A vendor who is issued an administrative fine may request an ability-to-pay determination at adjudication or while the judgement remains unpaid, including when a case is delinquent or has been referred to a comprehensive collection program.

Please choose 1 or 2 below. You must include supporting documentation for each selection.

1. **I receive public benefits under one or more of the following programs (check all that apply):**

- SSI or SSP (Supplemental Security Income and/or State Supplementary Payment)
- GR or GA (County General Relief, or General Assistance)
- IHSS (In-home Supportive Services)
- CalWORKS or Tribal TANF (California Work Opportunity and Responsibility to Lids Act or Tribal Temporary Assistance for Needy Families)
- CAPI (Cash Assistance Program for Aged, Blind, and Disabled non-citizens)
- SNAP or CFAP (Supplemental Nutrition Assistance Program or California Food Assistance Program)
- Medi-Cal
- Other: _____

2. **I am unable to pay an administrative citation:**

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

I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.

Printed name of requestor: _____

Signature of requestor: _____ Date: _____

Income is evaluated based on the Placer County Poverty Level Guidelines to determine your eligibility.

Submit the completed form, a copy of the administrative citation, and supporting income documentation via:

1. **Email** to CodeEnforcement@rocklin.ca.us with subject line: Hardship Waiver/Ability-to-Pay, or
2. **In person** at City of Rocklin Community Development Department, 3970 Rocklin Road, Rocklin CA. 95677, or
3. **Mail** to (consider mailing options to ensure timely submission):
City of Rocklin Community Development Department
ATTN: Hardship Waiver/Ability-to-Pay
3970 Rocklin Road.
Rocklin, CA. 95677