



# FINANCIAL HARDSHIP PROGRAM APPLICATION

By completing this form, you are applying for financial hardship and claiming the inability to pay the total fees due. In order to be eligible to have accrued fees discounted or waived, you must complete this application and submit the required documents for verification of financial hardship.

## APPLICANT INFORMATION

NAME			#HOUSEHOLD	FEE TOTAL
ADDRESS*			PHONE*	
CITY	STATE	ZIP	DRIVERS LICENSE#*	EXP

## REQUIRED DOCUMENTS

Submit the following documents to verify financial hardship:

- a. Proof of participation in a cash benefit program such as SNAP/CalFresh, SSI benefits, or Temporary Assistance for Needy Families (TANF).

**OR**

- b. A copy of the entire Federal Tax return for the most recent tax year. Only those individuals included on the tax return are eligible for the program.
- c. A copy of the two most recent employment check stubs, less than 30 days old, for each working adult listed on the tax return.

Once the documentation is received, staff will review the information and inform you of the decision with 48 hours. Fees will not accrue during the decision process. In order to protect your privacy, all provided documentation will be reviewed and returned to the applicant.

I certify under penalty of perjury that the information I am providing is truthful and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### FOR OFFICE USE ONLY

APPLICATION RECEIVED DATE: \_\_\_\_\_

FINANCIAL HARDSHIP REQUEST STATUS:

REVIEWED DATE: \_\_\_\_\_

APPROVED; Percentage:  100%  50%  25%

REVIEWED BY: \_\_\_\_\_

DENIED