



City of Temple City Declaration of Financial Hardship

Citation No. _____ Issue Date: _____

Name: _____

Address: _____

City

State

Zip Code

Home #: () Work #: () Cell #: ()

Please submit proof of income (3 current pay stubs) and the most recent year tax return for all persons over 18 years of age living in the household.

List information for **ALL** persons living at the above address:

Name	Sex (M/F)	Age	Income (monthly)	Student (Y/N)

Report total **Gross Monthly** income for **ALL** persons living at the above address:

Money / Wages / Salary	\$ _____	Alimony / Spousal Support	\$ _____
Social Security	\$ _____	Child Support	\$ _____
Public Assistance / Welfare	\$ _____	Other Income	\$ _____
Unemployment or Disability	\$ _____		

Total Gross Monthly Household Income \$ _____

I am hereby declaring a financial hardship and request an exemption from posting the required payment of the administrative penalty for the following reasons:

I recognize that if approved, this Declaration of Financial Hardship is a administrative penalty payment waiver only and must be submitted in conjunction with a "Request for Hearing of Administrative Citation." I understand that if the administrative citation is "upheld" the administrative penalty is due and payable to the City of Temple City. **Pursuant to 28 U.S.C. Section 1746, I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.**

Signature _____

Date _____

FOR OFFICE USE ONLY

() Approved () Denied

Signature: _____

Date: _____