

Administrative Citation Hearing Hardship Waiver Guidelines & Application



GUIDELINES

Pursuant to Compton Municipal Code Sections 1-7.7 and 1-7.8(a-b), the City of Compton does allow individuals to request an Administrative Hearing to appeal Administrative Citations after fines are paid. However, with approval, advance payment of fines can be waived in cases where individuals can provide verification of current financial hardship. Hardship Waiver requests MUST ACCOMPANY and be filed along with a Request for Administrative Hearing application.

Individuals must qualify using one of the following eligibility criteria:

ELIGIBILITY CRITERIA #1: INCOME

Effective July 1, 2018, the City of Compton will adhere to the guidelines in the Federal Register by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code. Qualified individuals must fall within the monthly income of 125% or less of the current poverty guidelines, as listed below:

No. of Persons in Household	2019 Monthly Guidelines	2019 Annual Guidelines
1	\$1,301	\$15,613
2	\$1,761	\$21,138
3	\$2,222	\$26,663
4	\$2,682	\$32,188
5	\$3,143	\$37,713
6	\$3,603	\$43,238
7	\$4,064	\$48,763
8	\$4,524	\$54,288

ELIGIBILITY CRITERIA #2: CURRENT PROOF OF PUBLIC BENEFITS (WITHIN THE LAST YEAR)

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Medi-Cal

The application can be found on the reverse side. Please mail completed application and supporting documentation to:

Community Improvement Services Department
Attention: Parking Department
205 S. Willowbrook Avenue, Compton, CA 90220

Administrative Citation Hearing Hardship Waiver Guidelines & Application



INSTRUCTIONS

Please complete the application below. Attach supporting documentation along with your completed application. Any missing information or documentation may result in the denial of your request.

First Name		Last Name	
Address			
Phone #			
Citation No.		Issue Date of Citation	

Please check the eligibility criteria you are using (Choose One):

_____ **Criteria #1 Income: Documentation required as listed below:**

- ☐ Proof of Income from a current Pay Stub
- ☐ Most Recent W-2

_____ **Criteria #2 Current Proof of Benefits (Within the last year) (Choose any that apply):**

A copy of an electronic benefits card or another card, subject to review and approval by the City of Compton, of proof of applicant receiving one of the following benefits:

- ☐ Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- ☐ California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- ☐ Supplemental Nutrition Assistance Program or the California Food Assistance Program
- ☐ County Relief, General Relief (GR), or General Assistance (GA)
- ☐ Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- ☐ In-Home Supportive Services (IHSS)
- ☐ Medi-Cal

PLEASE READ AND SIGN: If found liable at the hearing, the total amount due must be paid within twenty-one (21) days. If your payment is late, the total amount due including penalties must be paid in full immediately.

I, declare under penalty of making a false declaration, that I am authorized to make this statement and that all information is presented truthfully, accurately and completely and done so in good faith.

Signature: _____ Date: _____