



# CITY OF SAN JOSÉ ADMINISTRATIVE CITATION HEARING REQUEST APPLICATION

**Please note ONLY the person(s) listed on the administrative citation may request a hearing.**

**Submit the Hearing Request within 30 calendar days of the citation date. You must pay full payment in advance.**

Please indicate whether you request a virtual or in person hearing: \_\_\_\_\_ Virtual (Online) \_\_\_\_\_ In Person

If virtual, please add an email address:	
Citation Issued To:	Phone #:
Citation No(s):	Citation Date(s):
Violation Address:	
Name of person attending the hearing on your behalf:	Phone #:
Mailing Address:	
<b>Tell us why you believe this citation(s) was issued in error:</b>	
I declare under penalty of perjury that I am the cited individual and the foregoing statement and information provided by me is true and correct.	
<b>Signature:</b> _____ <b>Date:</b> _____ <small style="text-align: center;">Cited individual(s)</small>	
<b>HARDSHIP PAYMENT INFORMATION FOR HEARING ONLY</b>	
If you are contesting the citation and cannot pay the advance deposit, you may ask for a hardship waiver. <u>You must submit your hardship request within 15 days of the citation date.</u> Please read the requirements on the next page. You must include all required documents, or we will deny your request.	
<b>CONTACT INFORMATION</b>	
Mail form and payment to: City of San Jose – Finance Revenue Management - Support Staff 200 E. Santa Clara St., 13th Floor San Jose, CA 95113 Phone 408-535-7055 Option #3 / Fax 408-292-6480	
<b>FOR OFFICE USE ONLY (Below)</b>	
Signature _____ Date: _____	
Deposit	Granted <input type="checkbox"/> Denied <input type="checkbox"/>
Waiver:	
Reason for denial: _____	

**ADMINISTRATIVE CITATION  
HEARING  
ADVANCE DEPOSIT HARDSHIP WAIVER REQUIREMENTS**

**IF YOU CHOOSE TO APPLY, YOU MUST PROVIDE THE INFORMATION LISTED BELOW:**  
The City will use the information you provide to decide if you qualify for an advance deposit waiver for your hearing request. If you do not provide the required information, you will not qualify for this waiver.

**PROOF OF INCOME DOCUMENTATION:**

You must include your current Federal Income Tax Return (Form 1040 or 1040A), a copy of your Schedule C (if applicable).

For the current year, include copies of the documents listed below for the person(s) cited.

1. Letter 1722 from IRS for non-income adults 1-800-829-1040
2. Verification of Social Security Benefits (SSA) 1-800-772-1213
3. Verification of Supplemental Security Income (SSI) 1-800-772-1213
4. Welfare of General Assistance eligibility (**Notice of Action / Income Verification**)
5. Documentation of Unemployment from Employment Development Department (**EDD**) 408-436-5600

**GENERAL QUALIFICATIONS:**

<b>Deposit Waiver Guidelines for 2025</b>	<b>(HHS Federal Poverty Levels Multiplied by 3)</b>
<b>2025</b>	<b>\$46,950</b>

<b>Residential Advance Deposit Waiver Guidelines for 2025:</b>	
<b>Total No. of Dependents</b>	<b>Annual Gross Income</b>
1	\$ 46,950
2	\$ 63,450
3	\$ 79,950
4	\$ 96,450
5	\$112,950
6	\$129,450
7	\$145,950
8	\$162,450
<b>For each additional person, add</b>	<b>\$ 16,500</b>