



**City of Ojai**

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## **ADVANCE DEPOSIT HARSHIP WAIVER FORM ADMINISTRATIVE REMEDIES**

**Any person who intends to request a hearing to contest that there was a violation of the Ojai Municipal Code or that he or she is the responsible party and who is financially unable to make the advance deposit of the fine as required in OMC Section 1-6.107 may file a request of an advance deposit hardship waiver with the City's Department of Finance within 10 days of the administrative / code violation notice.**

**Today's Date:** \_\_\_\_\_

**Violation Notice Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Sworn Affidavit (attach supporting documents or materials) demonstrating actual financial inability to deposit with the City the full amount of the fine in advance of the hearing:**

  

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**Signature of  
Recipient of  
Admin. / Code Violation:** \_\_\_\_\_

**For City Use Only:**

**Issuing Department:** \_\_\_\_\_ **Citing Officer:** \_\_\_\_\_

**Director of Finance Determination:**  **Issue Waiver**

**Do Not Issue Waiver**  
(Deposit due within 10 days of Finance  
Director decision date)

**Decision Date:** \_\_\_\_\_

**INDIVIDUAL FINANCIAL STATEMENT**

To: **City of Ojai, California ("City")**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status  Married  Separated  Unmarried (includes single, divorced, widowed)

Name of Spouse \_\_\_\_\_

Has any of your property been transferred to a trust?  Yes  No. Is it  revocable or  irrevocable?

Who is/are the trustee or trustees \_\_\_\_\_

Are any of the assets listed on this statement property of a trust?  Yes  No. If so, attach a sheet listing those assets.

**STATEMENT OF ASSETS AND LIABILITIES AS OF \_\_\_\_\_**

<i>Item</i>	<i>Present Value (A)</i>	<i>Liabilities Balance Due (B)</i>	<i>Equity in Asset</i>
Cash			
Bank Accounts			
Stocks and Bonds			
Cash or Loan Value of Insurance			
Household Furniture			
Real Property			
Vehicles			
Other Assets (Describe)			
Federal Taxes Outstanding			
Loans			
Other Liabilities (Include Judgments)			

Other Liabilities (Include Judgments) Continued			
<b>NET ASSETS</b> (Total Column A Less Total Column B)			

***GENERAL INFORMATION (Attach Additional Schedules if Necessary)***

Net Annual Income	Source (Name of Business or Employer)
Banks and Savings and Loan Accounts (Names and Addresses)	
Description and License Number of Each Vehicle	
Stocks and Bonds (Name of Company, Number of Shares, <i>etc.</i> )	
Real Property (Brief Description and Location)	

**APPLICANT'S SIGNATURE**

I/We hereby affirm that I/we have personal knowledge of all facts stated herein and that the information contained in this financial statement is presented for the purpose of demonstrating actual financial inability to deposit with the City the advance sums required pursuant to the Administrative Remedies Ordinance as of the date indicated and is true, complete and correct. City is authorized to make any investigation of my/our credit or employment status either directly or through any agency employed by City for that purpose. I/We agree to inform City immediately of any matter which will cause any significant change in my/our financial condition. I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_