



CITY OF LONG BEACH

DEPARTMENT OF PARKS, RECREATION AND MARINE

Animal Care Services Bureau

DEPOSIT HARDSHIP WAIVER

7700 E. Spring St. * Long Beach, CA 90815 * (562) 570-7387 * FAX (562) 570-3053

VICIOUS ANIMAL HEARING HARDSHIP WAIVER QUALIFICATIONS

REQUEST FOR HARDSHIP WAIVER FOR VICIOUS ANIMAL HEARING (Due within fourteen(14) calendar days of impound with all supporting documentation)

Name:	Social Security No.:
Animal ID:	Total number of dependents:

The information you provide will assist the City in deciding whether you qualify for a waiver of advance deposit for your hearing request
 The waiver program is **VOLUNTARY**. If you choose to apply, **YOU MUST PROVIDE THE INFORMATION REQUESTED**. *Failure to provide sufficient information will result in a determination of ineligibility for this waiver.*

PROOF OF INCOME DOCUMENTATION

You MUST include a copy of your current Federal Income Tax Return (Form 1040, 1040A) and copies of all the following that apply for the individual(s) listed as the animal owner(s)/caretaker(s)

The following forms of **current** income verification are also accepted:

- Letter 1722 from the IRS for non-income adults, 1-800-829-1040
- Verification of Social Security Benefits (SSA), 1-800-772-1213
- Verification of Supplemental Security Income (SSI), 1-800-772-1213
- FAFSA /Financial Aid income (Notice of Action / Income Verification)
- Welfare or general Assistance eligibility (Notice of Action / Income Verification)
- Documentation of Unemployment for Employment Development Department (EDD), 1-408-436-5600

GENERAL QUALIFICATIONS

The Deposit Waiver Request shall be filed within fourteen(14) calendar days after the animal was impounded for the investigation or after the date it was determined that a vicious animal hearing would be required.

- If the Director or Designee declines to issue a waiver, the animal owner shall pay the full amount due within (10) calendar days of the date of that denial decision or by _____, to maintain interest in the animal.
- **The Determination of the Director or Designee is final.**

I declare under penalty of perjury that the foregoing is true and correct, I am financially unable to deposit with the City of Long Beach, Animal Care Services Bureau the full amount of the fine in advance of the Administrative Citation Appeal Hearing.

Deposit Waiver: Granted Denied

Reason for Denial: _____

Signature: _____ Date: _____
Print: _____