

91 Express Lanes Request for Reduction/Waiver of Deposit

Name _____
 Address _____
 City, State, ZIP _____
 Telephone Number _____

Case Reference Number _____

I claim that payment of the deposit required for the Administrative Review Hearing and/or the total amount of assessed penalties would cause a financial hardship and I am requesting a reduction in the penalties deposited. I understand that the information I provide will be used to evaluate my ability to pay and that the 91 Express Lanes is under no obligation to grant me a reduction or waiver of penalties deposited.

1. Occupation, employer and employer's address:

Occupation: _____
 Employer: _____
 Employer's Address: _____
 Total Monthly Income: \$ _____

5. Monthly Expenses

	\$ _____
a. Rent or Mortgage	\$ _____
b. Food	\$ _____
c. Utilities	\$ _____
d. Clothing	\$ _____
e. Medical and Dental payments	\$ _____
f. Insurance payments	\$ _____
g. Child care	\$ _____
h. Child, spousal support	\$ _____
i. Auto expense	\$ _____

2. Number of persons living in my home who depend in whole or in part on the household support:

	Relationship	Age	Gross Monthly Income
(1)	_____	_____	\$ _____
(2)	_____	_____	\$ _____
(3)	_____	_____	\$ _____
(4)	_____	_____	\$ _____

6. Other facts which support this application may be attached to this form.

3. Other money I get each month. Specify source and amount: rental income, disability, child/spousal support, unemployment, dividends or any other income. Attach additional sheets as needed.

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

7. Please attach a copy of your most recent W-2 and most recent pay stub(s).

4. I own or have interest in the following assets:

a. Cash \$ _____
 b. Bank accounts and balances:
 (1) _____ \$ _____
 (2) _____ \$ _____
 c. Real Estate (list address, fair market value and loan balance, if any):

	Property Address	Value	Loan Balance
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____
(3)	_____	\$ _____	\$ _____

I attest under penalty of perjury under the laws of the State of California that the information on this form and all attachments are true and correct.

(Type or Print Name)

(Signature)

(Date)