



City of Oxnard  
Rent Stabilization Program  
435 South "D" Street  
Oxnard, CA 93030

### CIVIL CITATION – DEPOSIT WAIVER REQUEST

You are eligible for a waiver of the penalty deposit for your civil citation if:

1. You are an individual named in the citation as a responsible party; and
2. you are receiving public benefits, are a low-income person, or otherwise do not have enough money to pay your household's basic needs as well as the deposit.

To receive the waiver, you must provide documentary evidence to establish your eligibility. If your fail to provide sufficient evidence to establish your eligibility for the waiver, your request will be denied. If your request is denied, you will be required to pay the deposit.

Name: \_\_\_\_\_ Citation No: RS-\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Number of persons in my household: \_\_\_\_\_

- I am currently receiving: (check any that apply)
- Food Stamps    SSI    SSP    Medi-Cal    County Relief / General Assistance
- IHSS    CalWORK or TribalTANF    CAPI    WIC.    Unemployment

Attach photocopies of all documents that establish financial hardship, which may include tax returns, financial statements, bank statements, entitlement to government benefits stated above, or any other document relevant to your hardship claim. Waiver requests that include no supporting documentation will not be granted.

Provide any other information that you would like the city to consider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the information that I have provided on this form and all attached pagers is true, correct, and complete.**

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

Name (please print) \_\_\_\_\_

(Office use only)  
Request granted: (Y / N)   Date: \_\_\_/\_\_\_/\_\_\_   Signature: \_\_\_\_\_