



CITY OF PICO RIVERA

Community and Economic Development Department
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PICO RIVERA, CA 90660
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www.pico-rivera.org

FINANCIAL HARDSHIP FORM

CE
DIVISION

003
FORM
NUMBER

01/01/2024
EFFECTIVE DATE

01/8/2024
REVISION
DATE

FINANCIAL HARDSHIP FORM

IMPORTANT: Please type or print legibly. Failure to complete this form or supply the necessary documentation may result in denial of your request. The Request to Establish Financial Hardship is an administrative penalty payment waiver only. Filing of this form does not mean you will qualify, and it does not extend the 10-calendar day appeal period. If the administrative citation is upheld, the administrative penalty is due and payable to the City of Pico Rivera.

Name on the citation: _____ Citation Number: _____

Mailing Address: _____

Daytime Telephone: _____ Email: _____

Employer's Name and Address: _____

If unemployed, last day of employment: _____

Number of persons in household (including yourself): _____

In the spaces below, list all persons in your household (including yourself) and their net monthly income (welfare, unemployment, etc.) if any. Attach a separate sheet if necessary.

NAME	AGE	RELATIONSHIP	NET MONTHLY INCOME
1.			
2.			
3.			
4.			
5.			

Attach copies of the following to support your claim of financial hardship: tax returns, financial statements, bank account records, salary records, verification of public assistance, etc.

DECLARATION: I declare under penalty of perjury under the laws of the State of California that all of the above and all attached pages are true and correct.

Signature: _____

Date: _____

Name Printed: _____

CITY USE ONLY

Request Granted: _____

Signed: _____

Date: _____