

# FINANCIAL HARDSHIP APPLICATION

- **USE THIS FORM TO ASK FOR A WAIVER OF PENALTY PAYMENT WHILE YOU APPEAL.**
- **THIS IS NOT AN ECB APPEAL APPLICATION FORM.**

Appeal using the ECB Application Form available at any ECB office or online at [www.nyc.gov/ecb](http://www.nyc.gov/ecb).

VIOLATION NUMBER(S)

Date of Application

## INFORMATION ABOUT YOU:

Last Name

Address

First Name

City

State

Zip Code

Initial

Phone Number

E-mail

- **If you cannot afford to pre-pay your penalty while ECB is deciding your appeal, fill out this form.**

- If your violation is not dismissed after the appeal is decided, you will still have to pay the penalty.

- **You must send support for your request.** Attach copies of financial documents when you email this form. For example, you can attach a copy of the first two pages of your federal tax return for last year.

- **Email this form and your documents by clicking the button below.** You may e-mail this request with your appeal. ECB must receive this request no more than 30 days after the mailing date of the decision. This date is below the ALJ's signature on your hearing decision.

## ANSWER THE QUESTIONS BELOW

**How will paying your penalty during your appeal cause hardship?**

**What financial documents are you sending with this form?**

I affirm that I am authorized to complete and submit this request.

I certify under the penalties of perjury that to the best of my knowledge, all information I included on this e-form and in the attachments is true.

**By clicking a button below, I understand that I am signing and filing this application with ECB and the City agency. This has the same effect as signing by hand.**