

**REQUEST FOR WAIVER  
ASSESSMENT APPEAL FILING OR HEARING FEE**

Filing and/or hearing fees may be waived if the fees will cause financial hardship for applicants who would qualify for a waiver of court fees and costs under California Government Code section 68632.

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME TELEPHONE ( ) \_\_\_\_\_ ALTERNATE TELEPHONE ( ) \_\_\_\_\_ FAX TELEPHONE ( ) \_\_\_\_\_

SECURED: ASSESSOR'S PARCEL NUMBER \_\_\_\_\_ UNSECURED: ACCOUNT OR TAX BILL NUMBER \_\_\_\_\_

**I am requesting a fee waiver based on the following qualifications:  
(Please attach a copy of documentation)**

- A. I am receiving public benefits under one or more of the indicated programs:
  - Supplemental Security Income (SSI)
  - State Supplementary Payment (SSP)
  - California Work Opportunity and Responsibility to Kids Act (CalWORKs)
  - Tribal TANF (Tribal Temporary Assistance for Needy Families)
  - Food Stamps
  - County Relief, General Relief (GR), or General Assistance (GA)
  - Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
  - In-Home Supportive Services (IHSS)
  - Medi-Cal

B. I am a person whose **monthly** income is 125 percent or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code (see page 2). **Annual** poverty guidelines for the current year may be found at: <http://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references#dates>. Prior years may be found at: <https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references#dates>.

1. What is your current monthly income? \$ \_\_\_\_\_ per month
2. What, approximately, was your total income in the last calendar year? \$ \_\_\_\_\_ per year
3. List persons you support. Provide relationship and ages (for minors under 18):  
\_\_\_\_\_

C. I am a person who does not have enough income to pay filing or hearing fees without using money that would normally pay for the common necessities of life for myself and my family.

I am requesting a waiver of the  application filing fee  hearing fees for the reasons indicated above. I declare under the laws of the State of California that the information provided above is true and accurate. I further declare that it would cause me a financial hardship to pay the required fee(s).

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR COUNTY BOARD USE ONLY**

This request for a waiver of fees is:  Accepted  Denied

ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Clerk of the Board

To determine if you qualify under "Item B," use the following table (125% of Poverty Guidelines):

2019 Poverty Guidelines for the 48 contiguous states and the District of Columbia			
PERSONS IN FAMILY	100 PERCENT POVERTY GUIDELINE (ANNUAL)	125 PERCENT (ANNUAL)	125 PERCENT (MONTHLY)
1	\$12,490	\$15,613	\$1,301
2	\$16,910	\$21,138	\$1,761
3	\$21,330	\$26,663	\$2,222
4	\$25,750	\$32,188	\$2,682
5	\$30,170	\$37,713	\$3,143
6	\$34,590	\$43,238	\$3,603
7	\$39,010	\$48,763	\$4,064
8	\$43,430	\$54,288	\$4,524
*	\$4,420	\$5,525	\$460
* For family units over 8, add the amount shown for each additional member.			