



**Alameda County
Clerk, Board of Supervisors
1221 Oak Street, Suite 536
Oakland, CA 94612**

Request to Waive a Nonrefundable \$50 per parcel Assessment Appeal Application Processing Fee for 2011	CBS Waiver - 001
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If you are receiving public benefits, are a low-income individual, or do not have enough income to pay your basic household needs and your non-refundable \$50 per parcel assessment appeal application processing fee would create undue financial hardship, you may use this form to request that Alameda County consider waiving this fee for 2011. The County will require you to answer questions about your finances and provide proof of your eligibility. If your waiver request is denied, your application will not be valid unless and until the processing fee is paid within the specified time frame.

Clerk stamps date here when form is filed

Appeal Number: _____

Name: _____

PLEASE PRINT LEGIBLY

1) Your Information (*property owner requesting the fee waiver*):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number(s): _____
 APN # _____ Address (if different): _____

2) Job Information (*if applicable*):

Job Title: _____
 Employer: _____ Phone Number: _____
 Address: _____

3) Representative Information (*if applicable – name, firm or affiliation, address, phone number, State Bar or Realtor number*)

 a. Lawyer or Realtor signature: _____

4) Why are you asking the County to waive your non-refundable \$50 per parcel processing fee?

a. I receive (*check all that apply*): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKs or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)

(Please provide written proof (an official document) that you are a recipient of the public benefit(s) that you checked)

b. My gross monthly household income (before deductions for taxes) is less than the amount listed below.

(see page 2)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$389.59 for extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

c. If I pay this nonrefundable \$50 per parcel fee I will not be able to pay for my household basic needs.

(see page 2)

d. I did not pay State or federal income tax for the prior year. *(see page 2)*

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

Date: _____ Signature: _____

Your name: _____ APN Number: _____

If you checked 4a on page 1, do not complete below, but provide proof. If you checked 4b, complete questions 5, 6, and 7 only. If you checked 4c or 4d, you **must** complete this entire page and provide supporting documentation. If you need more space, attach a sheet of paper with a detailed explanation. Write Financial Information and your name and APN number at the top.

5) Check here if your income changes from month to month. Complete below based on your average income for the past 12 months.

6) Your Monthly Income

a. Gross monthly income (before deductions) \$ _____
List each payroll deduction and amount below:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

b. Total deductions (add 6a, 1-4, above) \$ _____

c. **Total monthly take-home pay (6a minus 6b)** \$ _____

d. List the source and amount of any other income you receive each month, including spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses gambling or lottery winnings, etc.

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

e. **Your total monthly income (6c plus 6d 1-4)** \$ _____

7) Household Income

a. List all other persons living in your home and their income; include only your spouse and individuals who depend on you for support, or on whom you depend for support.

Name	Age	Relationship	Gross Mo. Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. **Total monthly income of person(s) above** \$ _____

Total monthly income (6e plus 7b) \$ _____

To provide additional information not addressed on this form, such as unusual medical expenses, family emergencies, etc., attach a sheet of paper with a detailed explanation. Write Financial Information and your name and APN number at the top.

Check here if another page is attached.

Important! If your financial situation or ability to pay the processing fee changes, you must notify the County in writing within five (5) days.

8) Your Money and Property

a. Cash available \$ _____
b. All financial accounts (Bank name and amount)
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

c. Cars, boats, and other vehicles
Year/Make Fair Market Value Amt. you still owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____

d. Real Estate
Address Fair Market Value Amt. you still owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.)
Description Fair Market Value Amt. you still owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____

9) Your Monthly Expenses (do not include deductions from 6b)

a. Mortgage & maintenance \$ _____
b. Food & household supplies \$ _____
c. Utilities & telephone \$ _____
d. Clothing \$ _____
e. Laundry & cleaning \$ _____
f. Medical & dental expenses \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (another marriage) \$ _____
j. Transportation, gas, auto repair, insurance \$ _____
k. Installment payments (list below)

Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

l. Wages/earnings withheld by court order \$ _____
m. Any other monthly expenses (list below)

Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 9a-9m above) \$ _____

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

Date: _____ Signature _____