

County of Yolo
Clerk of the Board of Supervisors
 625 Court Street, Room 204, Woodland, CA 95695
 (530) 666-8195 Fax (530) 666-8193
 Internet: www.yolocounty.org

**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 current and past years may be found at: <http://aspe.hhs.gov/POVERTY/figures-fed-reg.shtml>
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:

| 2017 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 | \$12,060 | \$15,075 | \$1,256 |
| 2 | \$16,240 | \$20,300 | \$1,692 |
| 3 | \$20,420 | \$25,525 | \$2,127 |
| 4 | \$24,600 | \$30,750 | \$2,563 |
| 5 | \$28,780 | \$35,975 | \$2,998 |
| 6 | \$32,960 | \$41,200 | \$3,433 |
| 7 | \$37,140 | \$46,425 | \$3,869 |
| 8 | \$41,320 | \$51,650 | \$4,304 |
| * | \$4,180 | \$5,225 | \$435 |
| * For family units over 8, add the amount shown for each additional member. | | | |