



## CONFIDENTIAL REQUEST FOR WAIVER OF ASSESSMENT APPEAL ADMINISTRATIVE PROCESSING FEE

The County of San Bernardino requires that a \$45.00 processing fee accompany EACH Application for Changed Assessment (assessment appeal) filed. If you are receiving public assistance or do not have enough income to pay for your household's basic needs and cannot afford the processing fee, you may use this form to request waiver of the fee.

Please note that the processing fee **or** a signed waiver request must accompany **each** Application for Changed Assessment. Applications received without the fee, or a completed copy of this form, will not be processed.

### Applicant Information

Applicant Name : \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Phone No: \_\_\_\_\_

**I request a waiver of the \$45.00 processing fee for the appeal filed on the property listed below.**

Assessor Parcel Number (APN): \_\_\_\_\_

**To explain the request for waiver of the processing fee please complete sections A, B or C below.**

- A.  I receive (*check all that apply*):
- Medi-Cal     Food Stamps     SSI     SSP     General Relief/Assistance  
 IHSS (In-Home Supportive Services)     CalWORKs or Tribal TANF  
 CAPI (Cash Assistance Program for Aged, Blind and Disabled)     None  
 Other: \_\_\_\_\_

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

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$418.75 for each extra person</i>
1	\$1,196.88	3	\$2,034.38	5	\$2,871.88	
2	\$1,615.63	4	\$2,453.13	6	\$3,290.63	

- C.  My income is not enough to pay for the common necessities of life for myself and the people in my family whom I support and also pay the \$45.00 Assessment Appeals processing fee. I am asking the Clerk to waive the processing fee.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date Signed

**Please include a completed/signed waiver (original signature) with each Application for Changed Assessment for which you are requesting a waiver of the processing fee. Thank you.**