



County of San Bernardino
Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Internet: www.sbcounty.gov/assessmentappeals

CONFIDENTIAL REQUEST FOR WAIVER OF
ASSESSMENT APPEAL ADMINISTRATIVE PROCESSING FEE

The County of San Bernardino requires that a \$45.00 processing fee accompany EACH Assessment Appeal Application filed. If you are an individual receiving public assistance, are a low-income person or do not have enough income to pay for your household's basic needs and paying the processing fee would create undue financial hardship, you may use this form to request waiver of the fee. The County may require you to provide proof of your eligibility. Please note that legal entities such as Limited Liability Companies (LLCs), corporations, etc. do not meet the qualifications for fee waiver and therefore are ineligible.

Please note that the processing fee or a signed waiver request must accompany each Assessment Appeal Application. If your waiver request is denied, your Assessment Appeal Application will not be accepted as complete until the processing fee is paid.

Applicant Information
Applicant Name :
Mailing Address: City/State: Zip:
Contact Phone No:
Your job title (if employed):
Name of employer:
Employer's address: City/State: Zip:
Representative Information:

I request a waiver of the \$45.00 processing fee for the appeal filed on the property listed below.
Assessor Parcel Number (APN):

Why are you asking the County to waive your processing fee? (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:

Table with 7 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income, and a note: If more than 6 people at home, add \$433 for each extra person. Rows show income thresholds for family sizes 1-6.

- 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 Assessment Appeal Application for which you are requesting a waiver of the processing fee. Please note: Altered forms will not be accepted and will be returned unprocessed. Thank you.