San Bernardino County
Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Email: Appeals@cob.sbcounty.gov
Internet: cob.sbcounty.gov

CONFIDENTIAL FEE WAIVER REQUEST FOR ASSESSMENT APPEALS APPLICATION

San Bernardino County (County) 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:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	*If more than 6 people at home, add $946 for each extra person*
1	$2,660	3	$4,553	5	$6,446	
2	$3,606	4	$5,500	6	$7,393	

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.

_____
Print Name Applicant Signature Date

Please include a completed/signed waiver (original signature) with each Assessment Appeal Application for which you request a waiver. Altered forms will not be accepted.

County Use Only
Approved ☐ Denied ☐ Initial/Date: