



COUNTY OF LOS ANGELES
ASSESSMENT APPEALS BOARD

KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90012
(213) 974-1471 • www.bos.lacounty.gov

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Assessment Appeals Filing Fee Waiver Request

If an applicant is receiving public benefits, is a low-income individual, or does not have enough income to pay for basic household needs, this form may be used to request a fee waiver of the non-refundable \$46 Assessment Appeals Filing Fee. The applicant must submit this form along with any required supporting documents with their Assessment Appeals Application.

1. Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Nos: _____
Assessor's Parcel No (APN): _____
Mailing Address (if different from property address being appealed): _____

2. Reason for Requesting a Fee Waiver (select one):

- A.) Applicant receives the following public benefits (check all that apply):
Attach the copy of supporting document(s) for the public benefit(s) the applicant marked below:
Medi-Cal, Food Stamps, SSI, SSP, CalWORKS, County Relief/Gen. Assistance, IHSS, Tribal TANF, CAPI (Cash Assistance Program for Aged, Blind and Disabled)
Supporting documents are attached.

- B.) Applicant's total monthly household income (before taxes) is less than or equal to the amount listed below:

Table with 7 columns: Family Size (1-6) and Family Income (\$2,147 to \$5,930)

If more than 6 people at home, add \$473 for each extra person.

1.) Applicant's total household monthly income (before taxes): \$ _____ per month

2.) List the persons the applicant supports (included in applicant's family size):

- C.) By checking this box, the applicant attests that paying the \$46 filing fee would cause undue financial hardship, which includes where the applicant's mortgage-related expenses are more than thirty percent (30%) of total household income, or the inability to pay for basic household needs defined as utilities, food, clothing, mortgage-related expenses, health care expenses, or transportation expenses.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant").

I understand that I may be required to provide financial information and supporting documents during the review process to provide proof of eligibility or reason of financial hardship.

Signature

Date