



COUNTY OF LOS ANGELES
ASSESSMENT APPEALS BOARD

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM B4
LOS ANGELES, CALIFORNIA 90012
(213) 974-1471
https://bos.lacounty.gov/services/assessment-appeals

For Authorized AAB Personnel Use

Form for authorized personnel use with checkboxes for Approve, Denied, Notice for Payment Sent, and Payment Received, each with Date and By fields.

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

Form fields for Applicant Information: Name, Address, City, State, Zip, Phone Nos, Assessor's Parcel No (APN), and Mailing Address.

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. 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 (\$2,510 to \$6,993).

If more than 6 people at home, add \$897 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):

Blank lines for listing supported persons.

- 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