Request to Waive Processing Fee
For Application for Changed Assessment

If you are receiving public benefits, are a low-income individual, or do not have enough income to pay your basic household needs, you may use this form to request that Monterey County waive the processing fee for your Application For Changed Assessment. The Clerk of the Assessment Appeals Board may require you to provide additional information if necessary to verify eligibility for the fee waiver.

PLEASE PRINT LEGIBLY
APPLICANT INFORMATION (property owner requesting the fee waiver):

Name (Last, First, Middle Initial): ________________________________________________________________

Street Address: ____________________________________________________________________________

City: ___________________ Zip: ______________

Assessor’s Parcel Number (APN) ______________________________________________________________

Property Address (if different): ___________________________________________________________________________________________

I do not have enough income to pay the $40.00 Application for Changed Assessment Processing Fee because: (check all that apply)

□ A. I receive public benefits (check all that apply):
   □ Medi-Cal
   □ Food Stamps
   □ SSI
   □ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)
   □ CAPI (Cash Assistance Program for Aged, Blind, and Disabled)
   □ County Relief/General Relief or Assistance
   □ IHSS (In-Home Supportive Services)
   □ SSP

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

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,134.38</td>
<td>3</td>
<td>$1,930.21</td>
<td>5</td>
<td>$2,726.05</td>
<td>6</td>
<td>$3,123.96</td>
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<td>2</td>
<td>$1,532.30</td>
<td>4</td>
<td>$2,328.13</td>
<td>6</td>
<td>$3,123.96</td>
<td>7</td>
<td>$3,530.00</td>
</tr>
</tbody>
</table>

□ C. If I pay this non-refundable $40 per application fee, I will not be able to pay for my basic household needs.

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

Signature: ______________________________________ Date: ___________________