If you are receiving public benefits, are a low-income individual, or do not have enough income to pay your basic household needs and your non-refundable $50 Assessment Appeal Application processing fee would create undue financial hardship, you may use this form to request that Alameda County consider waiving this fee. The County will require you to answer questions about your finances and provide proof of your eligibility. If your waiver request is denied, your application will not be valid unless and until the processing fee, for each application filed, is paid within the specified time frame.

PLEASE PRINT LEGIBLY

1) Your Information (property owner requesting the fee waiver):
   Name: __________________________________________________________
   Address: ________________________________________________________
   City: _________________________  State: __________  Zip: ______________
   Phone Number(s): ________________________________________________________________________________________
   APN # ______________________ Address (if different): _______________________________________________________

2) Job Information (if applicable):
   Job Title: ______________________________________________________________
   Employer: ________________ Phone Number: ________________________
   Address: _________________________________________________________________________________

3) Representative Information (if applicable – name, firm or affiliation, address, phone number, State Bar or Realtor number)
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   a. Lawyer or Realtor signature: _____________________________________________________________

4) Why are you asking the County to waive your non-refundable $50 per application processing fee?
   a. I receive (check all that apply): __ Medi-Cal  __ Food Stamps  __ SSI  __ SSP  __ County Relief/General
      Assistance  __ IHSS (In-Home Supportive Services)  __ CalWORKs or Tribal TANF (Tribal Temporary
      Assistance for Needy Families)  __ CAPI (Cash Assistance Program for Aged, Blind and Disabled)
      (Please provide written proof (an official document) that you are a recipient of the public benefit(s) that you checked)
   b. My gross monthly household income (before deductions for taxes) is less than the amount listed below.
      (see page 2)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Family Income</th>
<th>Family Size</th>
<th>Family Income</th>
<th>Family Size</th>
<th>Family Income</th>
<th>If more than 6 people at home, add $389.59 for extra person.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,128.13</td>
<td>3</td>
<td>$1,907.30</td>
<td>5</td>
<td>$2,686.46</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$1,517.71</td>
<td>4</td>
<td>$2,296.88</td>
<td>6</td>
<td>$3,076.05</td>
<td></td>
</tr>
</tbody>
</table>

   c. __ If I pay this nonrefundable $50 per parcel fee I will not be able to pay for my household basic needs.
      (see page 2)
   d. __ I did not pay State or federal income tax for the prior year. (see page 2)

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

Date: ______________________________ Signature: ____________________________________________
Your name: ___________________________ APN Number: ___________________________

5) __ Check here if your income changes from month to month. Complete below based on your average income for the past 12 months.

6) Your Monthly Income
   a. Gross monthly income (before deductions) $________
      List each payroll deduction and amount below:
      (1) _______________ $________
      (2) _______________ $________
      (3) _______________ $________
      (4) _______________ $________
   b. Total deductions (add 6a, 1-4, above) $________
   c. Total monthly take-home pay (6a minus 6b)$________
   d. List the source and amount of any other income you receive each month, including spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses gambling or lottery winnings, etc.
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
      (4) ________________________________ $________
   e. Your total monthly income (6c plus 6d 1-4) $________

7) Household Income
   a. List all other persons living in your home and their income; include only your spouse and individuals who depend on you for support, or on whom you depend for support.
      Name     Age     Relationship     Income
      (1) ________________ ________________ $________
      (2) ________________ ________________ $________
      (3) ________________ ________________ $________
      (4) ________________ ________________ $________
   b. Total monthly income of person(s) above $________
   c. Total monthly income of person(s) above $________

8) Your Money and Property
   a. Cash available $________
   b. All financial accounts (Bank name and amount)
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
      (4) ________________________________ $________
   c. Cars, boats, and other vehicles
      Year/Make     Fair Market Value     Amt. you still owe
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   d. Real Estate
      Address     Fair Market Value     Amt. you still owe
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.)
      Description     Fair Market Value     Amt. you still owe
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   f. Medical & dental expenses $________
   g. Insurance (life, health, accident, etc.) $________
   h. School, child care $________
   i. Child, spousal support (another marriage) $________
   j. Transportation, gas, auto repair, insurance $________
   k. Installment payments (list below)
      Paid to:
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   l. Wages/earnings withheld by court order $________
   m. Any other monthly expenses (list below)
      Paid to:
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   n. Your Money and Property (do not include deductions from 6b)
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   o. Your Money and Property (do not include deductions from 6b)
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________

9) Your Monthly Expenses (do not include deductions from 6b)
   a. Mortgage & maintenance $________
   b. Food & household supplies $________
   c. Utilities & telephone $________
   d. Clothing $________
   e. Laundry & cleaning $________
   f. Medical & dental expenses $________
   g. Insurance (life, health, accident, etc.) $________
   h. School, child care $________
   i. Child, spousal support (another marriage) $________
   j. Transportation, gas, auto repair, insurance $________
   k. Installment payments (list below)
      Paid to:
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   l. Wages/earnings withheld by court order $________
   m. Any other monthly expenses (list below)
      Paid to:
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________
   n. Your Money and Property (do not include deductions from 6b)
      (1) ________________________________ $________
      (2) ________________________________ $________
      (3) ________________________________ $________

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

Date: ___________________________ Signature __________________________________________

Page 2 of 2

Request to Waive a Nonrefundable $50 Assessment Appeal Application Processing Fee

To provide additional information not addressed on this form, such as unusual medical expenses, family emergencies, etc., attach a sheet of paper with a detailed explanation. Write Financial Information and your name and APN number at the top.

__ Check here if another page is attached.

Important! If your financial situation or ability to pay the processing fee changes, you must notify the County in writing within five (5) days.