

## **County of Santa Cruz**

Date Received: Clerk Use Only

## **CLERK OF THE ASSESSMENT APPEALS BOARD**

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

	(83	1) 454-2323	FAX: (831) 454-2	327 TDD/TTY:	call 711	
	·					
			Waive a Nor			
	Asses	sment Ap	peal Applica	tion Proces	sing Fee	
oay your b the proces	receiving public pasic household ssing fee for you y require you to	needs, you r Assessme	may use this fo nt Appeal App	orm to request lication. The C	that Santa Cruz Clerk of the Asse	z County waive essment Appeals
APPLICA	NT INFORMATI	ON (propert	y owner reque	sting the fee v	vaiver):	
Name:						
Street Add	dress:					
City:			_ Zip:			
√ssessor'	s Parcel Numbe	r (APN):				
roperty A	Address (if differe	ent):				
☐ <b>A</b> . I re	ceive public ben Cal	efits (check	all that apply):	□ SSI		
□ Food Stamps				☐ IHSS (In-Home Supportive Services)		
☐ County Relief/General Relief or Assistance				□ SSP		
☐ CalWORKS or Tribal TANF (Tribal Temporary  Assistance for Needy Families)				☐ CAPI (Cash Assistance Program for Aged, Blind, and Disabled)		
ASSISIANCE	e for Needy Fam	illes)		Dilliu, and Di	sabled)	
	y gross monthly ted below:	household i	ncome (before	deductions fo	or taxes) is less t	than the amount
Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income	If more than 6 people at
1	\$1,134.38	3	\$1,930.21	5	\$2,726.05	home, add \$397.92 per
2	\$1,532.30	4	\$2,328.13	6	\$3,123.96	month per person
☐ <b>C</b> . If	pay this non-re	fundable \$50	O per application	on fee, I will no	ot be able to pay	for my
ba	asic household r	ieeds.				
Signature:				Date:		
J		<del>-, , , , , , , , , , , , , , , , , , , </del>				