



COUNTY OF SAN DIEGO

**APPLICATION FOR WAIVER OF
PUBLIC NUISANCE ABATEMENT APPEAL FEE**

THIS FORM MUST BE KEPT CONFIDENTIAL

(For Official Use Only)

Form Instructions: Pursuant to Title 1, Division 6, Chapter 2, Section 16.208 of the San Diego County Code of Regulatory Ordinances, if the appellant claims an economic hardship in paying the appeal fee, the appellant may apply for a waiver of the appeal fee.

This form is four pages. Please read all sections of this form to ensure you complete all applicable sections.

Send the completed form to: Clerk of the Board of Supervisors
Attn: Client Services
1600 Pacific Highway, Room 402
San Diego, CA 92101.

If you have questions, please contact us at (619) 531-5777.

APPLICANT INFORMATION:

<i>Last Name</i>	<i>First Name</i>
<i>Street Address</i>	<i>City, State, Zip</i>
<i>Mailing Address (if different than street address)</i>	<i>City, State, Zip</i>

ATTORNEY INFORMATION:

<i>Last Name</i>	<i>First Name</i>
<i>Street Address</i>	<i>City, State, Zip</i>
<i>Mailing Address (if different than street address)</i>	<i>City, State, Zip</i>

ABATEMENT OFFICER

<i>Last Name, First Name</i>	<i>Case Number</i>

I request a waiver so that I do not have to pay public nuisance abatement appeal fees, based on the following:

1. I am receiving financial assistance under one or more of the following programs:
- SSI and SSP: Supplemental Security Income and State Supplemental Payments programs
 - AFDC: Aid to Families with Dependent Children program
 - Food Stamps
 - County Relief, General Relief (G.R.) or General Assistance (G.A.)

(If you checked any of the items under item 1 above, sign below and DO NOT complete the remainder of the form.)

2. My gross monthly income is less than the amount indicated with an X below for my family:

X	NUMBER IN FAMILY	FAMILY INCOME
	1	\$1,127.00
	2	\$1,517.00
	3	\$1,907.00
	4	\$2,297.00
	5	\$2,687.00
	6	\$3,077.00
	7	\$3,467.00

(If you have checked the box in item 2 above, sign below and complete items 4 and 5 on this form on page 3.)

3. My income is not enough to pay for the common necessities of life for me, and the people in my family that I support, and also to pay the public nuisance abatement appeal fee.

(If you checked the box in item 3, complete the remainder of this form on pages 3 and 4.)

I UNDERSTAND THAT WAIVER OF THE PUBLIC NUISANCE ABATEMENT APPEAL FEE MAY NEVERTHELESS RESULT IN THE FEE BEING INCLUDED IN THE COST OF ABATEMENT AND IMPOSED UPON MY PROPERTY AS AN ASSESSMENT LIEN.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Applicant's Signature

4. My pay changes considerably from month to month. *(If you check this box, each of the amounts in #5 should be an average for the past 12 months.)*

5. Income information (average for the past 12 months):

a. My gross monthly pay is:	
b. My payroll deductions are (specify purpose and amount):	
c. My monthly take-home pay is (a. minus b. above):	
d. Other money I get each month is (specify dollar amount):	
e. My total monthly income is (c. plus d.):	
f. The number of people in my family, including me, supported by this income is:	

6. Ability to pay (check one):

- I am NOT able to pay any of the appeal fees.
- I am able to pay ONLY the following amount: _____

7. Monthly expenses:

a. Rent/house payment	
b. Food/supplies	
c. Utilities and phone	
d. Clothing	
e. Laundry/cleaning	
f. Medical/dental	
g. Insurance (not deducted from paycheck)	
h. Child care	
i. Court ordered child/spousal support	
j. Transportation	
k. Installment payments (specify purpose and amount)	
l. Amounts deducted due to wage assignments or withholding orders	
m. Other expenses	
n. Total monthly expenses (add d. through m.)	

8. I own the following property:

a. Cash:	
b. Checking, savings, and credit union accounts:	
c. Vehicles and boats:	
d. Real estate equity:	
e. Other personal property: (jewelry, furniture, furs, stocks, bonds, etc.):	

9. Other facts that support this are:

Describe any unusual medical needs, expenses for recent family emergencies, or other unusual expenses. If more space is required attach a page labeled "Attachment 9".