



Kern County

Clerk of the Assessment Appeals Board

Kern County Administrative Office
1115 Truxtun Avenue, Fifth Floor, Bakersfield, CA 93301
(661) 868-3585 FAX: (661) 868-3636 TDD/TTY (800) 735-2929

Request to Waive \$75 Assessment Appeal Application Filing Fee

If you are receiving public benefits, are a low-income individual, or do not have enough income to pay for your basic household needs, you may use this form to request that Kern 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 \$75.00 Application for Changed Assessment Processing Fee because: (check all that apply)

☐ A. I receive public benefits (check all that apply):

☐ Medi-Cal

☐ County Relief/General Relief or Assistance

☐ Food Stamps

☐ IHSS (In-Home Supportive Services)

☐ SSI

☐ SSP

☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)

☐ CAPI (Cash Assistance Program for Aged, Blind, and Disabled)

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

Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income	If more than 6 people at home, add \$898 per month per person
1	\$2,510	3	\$4,304	5	\$6,098	
2	\$3,408	4	\$5,200	6	\$6,994	

☐ C. If I pay this non-refundable \$75 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: _____

Appeal No.: _____