City of East Palo Alto

Office of the City Manager
Rent Stabilization Program
2415 University Avenue, 2nd floor
East Palo Alto, CA 94303
Tel: 650-853-3157 / Fax: 650-853-3115
rentprogram@cityofepa.org

_____,   )
)   **Petition No.: _____**
        Petitioner(s),   )
)
   vs.   )   **APPLICATION FOR FEE WAIVER**
)   **AND ORDER**
_____,   )   **[Regulation 1500(A)(6)(f)]**
)
       Respondent(s).   )
)
)
_____)

I request a waiver of the filing fee for the Petition to Determine Exempt Status or for an Appeal.

Name: _____

Address of Property that is subject of petition or appeal: _____
               _____

I understand that to be eligible for a fee waiver I must declare, under penalty of perjury, that I **either** receive certain government benefits (Part A) **or** that my household's gross monthly income is equal to, or less than, the qualifying income for waiver of fees.

(Check and fill out **EITHER** Part A **OR** Part B.)

PART A   (___) I am receiving financial assistance under (CHECK ONE OR MORE):
               Supplementary Security Income (SSI) and the State Supplemental Payments (SSP) Programs ((Welfare and Institutions Code §§ 12200-12205).
               Aid to Families with Dependent Children (AFDC) Program (42 U.S.C. §§ 601-644).
               Food Stamp Program (7 U.S.C. §§ 2011-2027).
               General assistance, county aid, and relief to indigents (Welfare and Institutions Code §§ 17000 et seq.).
               State of California Disability Insurance Program or a private disability insurance policy or program.

PART B   (___) My gross household income is equal to or less than 50% of the area median income adjusted by household size for San Mateo County as determine by the U.S. Department of Housing & Urban Development. For current information on median income, go to http://housing.smcgov.org/income-and-rent-limits.

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

_____   _____
Signature   Date

Petition No. _____

ORDER

Good Cause Appearing Therefore, IT IS ORDERED, that the filing fee for the Petition   / for the Appeal
in this matter be and hereby is   / is not   waived.

So Ordered   _____   _____
                         Date   Program Administrator