



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

_____,)
)
Petitioner(s),)
)
 vs.)
)
 _____,)
)
Respondent(s).)
)
)
)
 _____)

Petition No.: _____

**APPLICATION FOR FEE WAIVER
AND ORDER
[Regulation 1500(A)(6)(f)]**

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

**Rent Stabilization Program
Application and Order for Waiver
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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