



City of West Sacramento

Appeal Fee Waiver Request

Mail or deliver completed fee waiver request with written request for appeal to: City of West Sacramento, ATTN: City Clerk, 1110 West Capitol Avenue, West Sacramento, CA 95691

For Questions call: 916/617-4500

1 APPELLANT INFORMATION: (Please type or print)
Name
Home Address
City CA Zip Code
Daytime Telephone Number
Date of Decision Being Appealed
Body or Officer whose decision is being appealed
Appeal to be Heard By Requested Fee Waiver Amount: \$50 \$100 \$250

2 PROVIDE/SHOW PROOF OF HOUSEHOLD INCOME INFORMATION

HOUSEHOLD INCOME WORKSHEET: (Please fill in circle next to all sources of your household's annual income)

- Wages or Salaries
Interest and/or Dividends from:
Savings Accounts, Stocks or Bonds, or Retirement Accounts
Unemployment Benefits
Rental or Royalty Income
School Grants, Scholarships or other aid used for living expenses
Profit from Self-employment (IRS form Schedule C, line 29)
Disability Payments
Workers' Compensation
Social Security, SSI, SSP
Pensions
Insurance Settlements
Legal Settlements
TANF (AFDC)
Food Stamps
Child Support
Spousal Support
Cash and/or Other Income

MAXIMUM HOUSEHOLD INCOME:

Your household's gross annual income may not exceed these income guidelines*:

Table with 7 columns: Number of Persons in Household (1-6) and Total combined Annual Income (49,650 to 82,250)

Total Annual Household Income: \$ [] [] , [] [] [] *Based on HCD Income Limits

3 DECLARATION: (Please read and sign below)

I state that the information I have provided in this fee waiver request is true and correct. I agree to provide proof of income if asked.

X Appellant Signature Date
O Fill in circle if guardian or power of attorney

4 FOR OFFICE USE ONLY:

GRANTED DENIED due to lack of financial qualification or untimely filing of appeal.

X City Manager/Designee Signature Date