City & County of San Francisco
BOARD OF APPEALS

AFFIDAVIT OF INDIGENCY

Pursuant to the Rules of the Board of Appeals, the Executive Secretary of the Board may waive the required appeal fee where the filing party meets the indigency standards set out in California Government Code Section 68632 or its successor, and submits an Affidavit of Indigency. (Rules §V13.)

Name(s) of Requesting Party:_____

Appeal No(s):_____ Subject Property:_____

Phone:_____ Fax:_____ Email:_____

I am requesting a fee waiver on the following basis (please check ☑ all that apply):

☐ (a) As a person who is receiving public benefits under one or more of the following programs:

(1) Supplemental Security Income (SSI) and State Supplementary Payment (SSP)

(2) California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program

(3) Food Stamps or the California Food Assistance Program

(4) County Relief, General Relief (GR), or General Assistance (GA)

(5) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)

(6) In-Home Supportive Services (IHSS)

(7) Medi-Cal

☐ (b) As a person whose monthly income is 125 percent or less of the current federal poverty guidelines (42 U.S.C. §9902(2)).

☐ (c) As a person who, as individually determined by the Board, cannot pay the filing fee without using moneys that normally would pay for the common necessaries of life for the applicant and the applicant's family.

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

Entered on_____, at San Francisco, California.
(DATE)

_____ _____
Signature of Requestor Date

THIS AREA IS FOR BOARD USE ONLY

_____ **DISAPPROVED** _____ **APPROVED** **By:** _____ **Date:** _____

(1-11)