



# FILING FEE WAIVER

This form must be submitted for consideration to receive a filing fee waiver when applying for a hearing or appeal to the Rent Stabilization Commission.

Parcel Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D-Case # \_\_\_\_\_

Applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_  
Street number Street name City State Zip code

**I am currently receiving benefits from the following government program(s):**

- Supplemental Security Income (SSI) and State Supplemental Payments (SSP)
  - Temporary Assistance for Needy Families (TANF)
  - CalFresh/food stamps
  - General Assistance or General Relief, County Aid or Relief to Indigents
- OR -
- I am 62 years of age or older, or handicapped, **and** my annual income is \$44,150 or less (if one person occupies the unit) or \$50,450 or less (if more than one person occupies the unit).

**Declaration:**

I (we) declare under penalty of perjury under the laws of the State of California that the foregoing and all attached pages, including documentation, are true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_



Received