

# Hearing Board

## Bay Area Quality Management District

### REQUEST FOR HARDSHIP FEE WAIVER FORM

#### **Introduction:**

The Hearing Board of the Bay Area Air Quality Management District (BAAQMD) is funded largely by application and petition fees, and recovery of noticing and court transcript costs from applicants. Waiving a fee transfer the cost of processing applications and petitions to others through higher fees. However, we recognize that some individuals and small organizations may not be able to pay the filing fee. If you want the Hearing Board to consider waiving all or part of the fees associated with your filing of a variance application or appeal, follow the instructions below to complete the Request for Hardship Fee Waiver Form. When you request a fee waiver, you must clearly demonstrate *that it is unreasonable to pay the fee and provide documentation to support your request*. Please note that if you are a small business submitting a variance application, BAAQMD Regulation 3 allows reduced filing fees and excess emission fees to be charged to small businesses. These fee reductions are requested directly on the variance application form and not through the use of this form. This form should only be used for waivers or fee reductions based on hardships.

**Filing Your Request:** Complete the attached form and include the requested supporting documentation. Six (6) sets of your completed Request for Hardship Fee Waiver Form and all supporting documentation (“Hardship waiver packet”) must be mailed to the Clerk of the Hearing Board at the same time you submit nine (9) sets of your variance application or appeal. Your application will be deemed incomplete and will not be considered by the Hearing Board if six copies of the hardship waiver packet are not submitted at the time of filing of your variance application or appeal. To protect your privacy, please redact any information that is non-essential for hardship determination that you would not want revealed publicly.

**Review of Your Request:** The Hearing Board will evaluate all factors, circumstances, and evidence supplied in support of a fee waiver request when making a final determination. Each case is unique and will be considered on its own merits and should include receipt of means tested benefits or incomes less than 200% of the Federal poverty guidelines. The Hearing Board will review and rule on your request for hardship fee waiver at a publicly-noticed public hearing immediately before your variance application or appeal is considered by the Hearing Board. You should be prepared to answer any questions on your hardship waiver request that the Hearing Board may have at the Hearing. If either the hardship fee waiver is granted or the filing fees are paid, a hearing on your variance application or appeal can then proceed.

# HARDSHIP FEE WAIVER FORM

## SECTION 1: APPLICANT INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

I am applying as:      an individual \_\_\_\_\_ an organization \_\_\_\_\_

COMPANY/ ORGANIZATION NAME (if applicable):  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

## SECTION 2: HARDSHIP DESCRIPTION

Please explain the nature of your financial hardship and the basis for your request for a financial hardship determination. Attach additional sheets if more space is needed.

## SECTION 3: INCOME & EXPENSES

Income Sources	Monthly Amount	Annual Amount
Salary & wages		
Business Income		
Rental income		

Other income (e.g. child support, spousal support, unemployment, etc.) Specify sources below:		
<b>TOTAL INCOME</b>		

I received means-tested benefits: Yes \_\_\_ No \_\_\_ (please list above).

**PLEASE NOTE: You are required to attach the last two (2) years of federal and state income tax returns in order to verify income.**

List your average monthly costs (Attach separate sheet if you need more space):

Expenses	Monthly Cost
Rent	
Mortgage	
Utilities	
Food	
Insurance	
Loan Payment	
Medical	
School	
Commuting costs	
Child/ elder care	
Other expenses. Please specify:	
<b>TOTAL MONTHLY COSTS</b>	

List your assets and approximate value of your assets (attach separate page if more space is needed)

Type of Asset	Value (enter dollars)
<b>TOTAL VALUE OF ASSETS:</b>	

**SECTION 5: TAX FORMS:**

Year ____ federal taxes attached	<input type="checkbox"/> (check here)
Year ____ federal taxes attached	<input type="checkbox"/> (check here)
Year ____ federal taxes attached	<input type="checkbox"/> (check here)

**SECTION 6: SIGNATURE AND AUTHORIZATION:**

AFFIDAVIT:

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED, INCLUDING ALL SUPPORTING DOCUMENTATION, IS TRUTHFUL AND ACCURATE, AND I AUTHORIZE THE RELEASE OF ANY INFORMATION THAT THE AIR DISTRICT NEEDS TO DETERMINE MY ELIGIBILITY.

Signature:

Date:

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