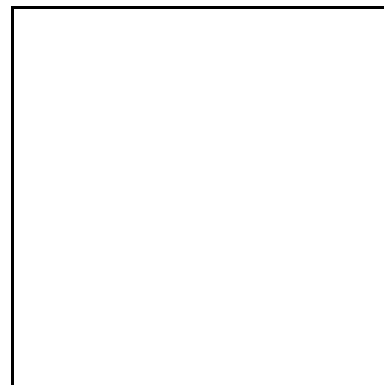


FINANCIAL STATEMENT & APPLICATION  
FOR FEE WAIVER, REDUCTION OR PAYMENT PLAN  
KENAI PENINSULA BOROUGH

## Office of the Borough Clerk

144 N. Binkley Street Phone: (907) 714-2160  
Soldotna, Alaska 99669-7599 Toll Free: 1-800-478-4441  
assemblyclerk@borough.kenai.ak.us Fax: (907) 714-2388



FOR OFFICIAL USE ONLY

Title of Matter Appealed to the Board:					
Name:					
Date of Birth:					
Residence Address:					
Mailing Address:					
Work Phone:					
Home Phone:					
*Social Security No.:					
Are You Receiving Public Assistance?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<input type="checkbox"/> SSI	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Medicaid	<input type="checkbox"/> ATAP	<input type="checkbox"/> Adult Public Assistance	<input type="checkbox"/> General Relief
Are you working now?:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", date last worked _____	
Present Employer:		(If not employed, list your last employer and how long you worked there.)			
Employer's Address:					
Other Employers in Past Year:					
Are you a seasonal worker?:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", describe: _____	
<b>APPLICANT'S INCOME INFORMATION (after taxes, but before other deductions). Do not include income of spouse. If applicant is under age 18, list income of both applicant and parents.</b>					
Current Monthly Income:		\$ _____			
Wages:		\$ _____			
Social Security:		\$ _____			
Public Assistance:		\$ _____			
Veterans' Payments:		\$ _____			
Unemployment:		\$ _____			
Other (specify): _____		\$ _____			

TOTAL MONTHLY INCOME:		\$
Permanent Fund Dividends received in last 12 months:		\$
Are you married?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", list spouse's total income after taxes for the past 12 months (include gifts, settlements, inheritance, wages, dividends, etc.)		
TOTAL INCOME DURING LAST 12 MONTHS:		\$
Are any household expenses paid by someone other than you or your spouse (for example: by a roommate, parent, grandparent or child)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", list:		
Name:	Relationship:	\$
Name:	Relationship:	\$
HOUSEHOLD MEMBERS (People who live with you)		
Name	Age	Relationship

OATH

**WARNING: Making a false statement under oath is a crime.**

I declare, under oath, that the above Financial Statement is true.

X

(Signature)

(Date)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(NOTARY SEAL)

My commission expires: \_\_\_\_\_

\*Social Security number is not mandatory. It may be used to identify your assets.

FOR OFFICIAL USE ONLY	
Income divided by Guideline Income = HHS%	
Income _____	/Guideline Income _____ = HHS % _____
Filing Fee minus HHS% Waived = Amount Due	
Filing Fee _____	- % Waived _____ = Amount Due _____