



Administrative Appeal Processing Fee Hardship Waiver Application

Attention: (Supporting documentation such as tax forms, pay stubs, financial statements, account records, or other such financial records must be included with this application.)

This form must be filed at the same time as the filing of the Notice of Appeal.

I am requesting an appeal fee waiver for: Citation: _____
 Decision: _____
 Action: _____

I swear upon my oath and under penalty of law that the following is true:

1. I am financially unable to pay the processing fee of \$50 required to file the notice of appeal.
2. My current address is _____

3. My current telephone number is _____
4. I am currently Employed Unemployed Self-Employed
5. Employer's Name: _____
6. (If employed or self-employed) my current monthly take-home pay averages about \$_____.
7. I receive child support and/or alimony payments totaling \$_____ per month.
8. I have other income from Disability Insurance Benefits Retirement
and/or Other: _____ that averages \$_____ per month.
9. My total income before deductions for last year was approximately \$_____.
10. Including myself, I have the following number of dependents that rely upon me for support: _____
11. The annual income of my spouse is estimated at \$_____.
12. The following amounts accurately reflect my current assets and debts:

Assets

A. Cash	\$	
B. Money in bank account	\$	
C. Money owed to me by others	\$	
D. Money in investments (stocks, bonds, savings bonds)	\$	
E. Real estate (value of houses and/or land owned by me)	\$	
F. Motor vehicles (cars, trucks, motorcycles)	\$	
G. Household goods	\$	
H. Jewelry	\$	
I. Other personal property (tools, sporting equipment, etc.)	\$	
Total Assets	\$	

Debts

A. Money owed (including interest) on real estate	\$ _____
B. Money owed (including interest) on motor vehicles	\$ _____
C. Loans owed to banks, payday loan companies, etc.	\$ _____
D. Outstanding debts to doctors and hospitals	\$ _____
E. Credit card debt	\$ _____
F. Loans owed to other people, not including family	\$ _____
G. Loans owed to family members	\$ _____
Total Debts	\$ _____

Monthly Expenses

A. Monthly payment(s) for mortgage or rent	\$ _____
B. Monthly payment(s) on bank and/or payday loan(s)	\$ _____
C. Total minimum monthly payment(s) on credit cards	\$ _____
D. Average monthly utility payment(s) (excluding phone)	\$ _____
E. Average monthly phone bill(s)	\$ _____
F. Total minimum monthly payment(s) on other loan(s)	\$ _____
G. Child support and/or alimony expenses	\$ _____
Total Monthly Expenses	\$ _____

13. I understand that if a waiver of the processing fee is granted, the City will accept my notice of appeal at no cost to me and schedule the subject of the appeal, as stated above, for an administrative appeal hearing before an independent hearing examiner.

Dated this _____ day of _____, 20_____.

Appellant's Signature

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

Notary Public—South Dakota
My commission expires: _____

Order Regarding Processing Fee

Upon examining the Hardship Waiver Application submitted above, the Independent Hearing Examiner is *SATISFIED / NOT SATISFIED* that the Applicant is indigent and/or is financially unable to hire an attorney; and

IT IS HEREBY ORDERED that in regard to the matter appealed above, the processing fee is *WAIVED / NOT WAIVED*.

Dated this _____ day of _____, 20_____.

Independent Hearing Examiner