



CITY OF KENAI REQUEST FOR FEE REDUCTION

City of Kenai
210 Fidalgo Avenue
Kenai, AK 99611
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Fee Reduction Request For Appeal of:

On _____, I filed an appeal to the Board of Adjustment on the above referenced item.

KMC 14.20.290(b)(6) states: The appellant shall pay a filing and records preparation fee, as set forth in the City's schedule of fees adopted by the City Council will be charged. An application to proceed with an appeal as an indigent may be filed with the City Clerk's office on a form provided by the Clerk. The Chair of the board of adjustment may allow an applicant who qualifies as an indigent a reduced filing fee, a payment plan, or a waiver of the filing fee where the chair is able to make a written finding, based on information provided by the applicant, that payment of the appeal fee would be a financial hardship for the appellant. Based upon the information provided, the fee may be reduced in accordance with the following schedule:

Annual income as a Percent of current Health & Human Services (HHS) Poverty Guidelines for Alaska	Percent of fee reduced	Relief Requested (Check One):
1 – 100%	90% Waiver	<input type="checkbox"/>
101 – 149%	75% Waiver	<input type="checkbox"/>
150 – 174 %	50% Waiver	<input type="checkbox"/>
175 – 199%	25% Waiver	<input type="checkbox"/>
200% plus	No Waiver	<input type="checkbox"/> I will apply for a payment plan through the City of Kenai Finance Department to be paid in full within six (6) months.

Applicant's Signature:	<p>Based on information provided and according to the above schedule, the fee in the above-referenced matter shall be reduced as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">% of Filing Fee Waived: _____</td> <td style="border: none;">Filing Fee Waiver Denied (200% Plus)</td> </tr> <tr> <td style="border: none;">Approved: _____</td> <td style="border: none;">Board of Adjustment Chair</td> </tr> <tr> <td style="border: none;">Board of Adjustment Chair</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">Date</td> <td style="border: none;">Date applicant notified of denial</td> </tr> </table>	% of Filing Fee Waived: _____	Filing Fee Waiver Denied (200% Plus)	Approved: _____	Board of Adjustment Chair	Board of Adjustment Chair	Date	Date	Date applicant notified of denial
% of Filing Fee Waived: _____		Filing Fee Waiver Denied (200% Plus)							
Approved: _____		Board of Adjustment Chair							
Board of Adjustment Chair		Date							
Date		Date applicant notified of denial							
Applicant's Printed Name:									
Applicant's Address:									
Phone Number/Email Address:									