

KENAI PENINSULA BOROUGH BOARD OF ADJUSTMENT

FINANCIAL STATEMENT AND APPLICATION

For Fee Waiver

For Fee Reduction

For Payment Plan

Check all applicable boxes.

Title of matter appealed to the Board: _____

Full Name _____ Date of Birth _____

Residence Address _____

Mailing Address _____

Home Phone _____ Work Phone _____ Soc. Sec. No.* _____

Are you receiving public assistance? Yes No If so, check those you receive:

SSI Food Stamps Medicaid ATAP Adult Public Assistance General Relief

Are you working now? Yes No If not, date last worked _____

Present Employer _____
(If not now employed, state last employer and length of job.)

Employer's Address _____

Other Employers in Past Year _____

Are you a seasonal worker? Yes No If yes, describe: _____

1. **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.

a. Current Monthly Income	\$ _____
Wages	\$ _____
Social Security	\$ _____
Public Assistance	\$ _____
Unemployment	\$ _____
Other (specify) _____	\$ _____
Total Monthly Income	\$ _____

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

- b. Permanent Fund Dividends received in last 12 months \$ _____
- c. ANCSA or other corporate dividends received in last 12 months \$ _____
- d. Value of gifts received in last 12 months \$ _____
- e. **Total Income during last 12 months** \$ _____
- f. Do you expect to receive other income in the next 6 months (for example, settlements, dividends, gifts, inheritances)? Yes No
If yes, please specify _____

2. HOUSEHOLD MEMBERS (People who live with you)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. MONTHLY HOUSEHOLD EXPENSES

<u>Expense</u>	<u>Amount</u>	<u>Balance Owed</u>	<u>Past Due</u>
Food	\$ _____	\$ _____	\$ _____
Housing: Rent or Mortgage	\$ _____	\$ _____	\$ _____
Utilities: Gas, Electricity,	\$ _____	\$ _____	\$ _____
Water, Garbage,	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Child Support or Alimony	\$ _____	\$ _____	\$ _____
List Loans and Credit Card Debts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Medical (not covered by insurance)	\$ _____	\$ _____	\$ _____
Childcare	\$ _____	\$ _____	\$ _____
IRS Back Taxes Due	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

ADJUSTMENTS TO EXPENSES:

a. Are you married? Yes No

If yes, list spouse's total income after taxes for the past 12 months
(include gifts, settlements, inheritances, wages, dividends, etc.) \$ _____

b. Are any household expenses paid by someone other than you or your spouse (for
example, by a roommate, parent, grandparent or child)? Yes No If yes, list:

Name _____ Relationship _____ Amount \$ _____
Name _____ Relationship _____ Amount \$ _____

**4. CASH AND ASSETS (things you own or are buying). Include all things you own by
yourself and all things you own jointly with someone else.**

	<u>Value</u>	<u>Amount Still Owed</u>
Cash	\$ _____	
Bank Account/Checking	\$ _____	
Bank Account/Savings	\$ _____	
Stocks, Bonds, CDs, Mutual Funds	\$ _____	
Retirement Plans	\$ _____	
Life Insurance (cash value)	\$ _____	
Land, Homes, Trailers	\$ _____	\$ _____
Motor Vehicles (describe):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TV, Stereo, VCR	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____
Snow Machines, Boats, ATVs,	\$ _____	\$ _____
Airplanes, Motorcycles	\$ _____	\$ _____
Jewelry, Precious Metals or Precious Stones	\$ _____	\$ _____
Furs	\$ _____	\$ _____
Collections (Coins, Ivory, etc.)	\$ _____	\$ _____
Tools	\$ _____	\$ _____
Guns	\$ _____	\$ _____
Sports Equipment (Kayaks, Skis, Scuba Gear, etc.)	\$ _____	\$ _____
Fishing Gear	\$ _____	\$ _____
Quota Shares, IFQs	\$ _____	\$ _____
Businesses _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTALS \$ _____ (-) \$ _____ = \$ _____

Do you need any of the above items to earn your living? Yes No

If yes, list the item and describe why you need it. _____

5. OTHER EXPENSES

<u>Expense</u>	<u>Monthly Amount</u>
Cable TV	\$ _____
Club Membership Fees	\$ _____
Internet Fees	\$ _____
Subscriptions (magazines, newspapers, etc.)	\$ _____
Entertainment (dining out, movies, theater, etc.)	\$ _____
Alcohol and Tobacco	\$ _____
TOTAL	\$ _____

OATH

WARNING: Making false statements under oath is a crime.

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

Date

Signature of Applicant

SUBSCRIBED AND SWORN TO before me in _____, Alaska, on

(date)

Notary Public, State of Alaska
My commission expires: _____