



CITY OF MONTEBELLO COVID-19 FEE WAIVER PROGRAM APPLICATION

The City of Montebello COVID-19 Fee Waiver Program offers eligible City of Montebello household's fee waiver assistance for City imposed fees, fines and eligible charges. For this program, a household consists of all people living in a residence, regardless of familial relation. This fee-waiver is restricted to a one-time, one-request, waiver per household during the program period. The program will be offered until all funds have been exhausted. Submission of the Application DOES NOT GUARANTEE FEE WAIVER. Each application will be reviewed for validity and compliance with the Program. Finance Department staff will provide in writing if the waiver is approved within twenty-one business days of receipt. **Please write legibly in black or blue ink only. Do not use pencil or other ink colors. All blanks must be completed or have N/A written. A copy of the invoice, citation, or other related documents to verify amount must be included. Incomplete applications will not be considered for review. Proof of financial hardship must be attached (EDD stub, layoff notice, etc...)** Applications can be submitted via email to C19FeeWaiverApp@cityofmontebello.com or return by mail to:

City of Montebello – Attn. COVID-19 Relief
1600 West Beverly Boulevard, Montebello, CA 90640

1. APPLICANT INFORMATION

Applicant Name _____

Applicant's Address _____ Montebello, CA 90640

E-mail _____ Phone Number _____

2. WAIVER REQUEST – Only (1) request of a single fee will be considered for review and approval.

Types of Requests	Amount
Parking Citation	
Tree Removal	
Other City Fees:	

3. ASSURANCES AND SIGNATURES

I understand and by signing agree that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.

Applicant Signature _____

Date _____

OFFICE USE ONLY	
<input type="checkbox"/> Financial Hardship Document	<input type="checkbox"/> Copy of City Document
Approved Date: _____	Denied Date: _____

DISCLAIMER: The submittal of information herein does not guarantee any services from the City of Montebello or constitute a financial commitment thereof. Program funds are subject to applicable federal and local funding limitations and the City of Montebello's verification of eligibility requirements.