



Community Development Department

Planning Division

117 NW Lafayette Avenue, Bend, OR 97701-1925
(541) 388-6575 - Fax (541) 385-1764
<http://www.deschutes.org/cdd>

FEE WAIVER POLICY

Effective January 4, 2006, the Deschutes County Board of Commissioners approved Ordinance Nos. 2006-001, 2006-002 and 2006-003, delegating authority to administer and approve septic permit, building permit, and land use permit fee waiver requests to the Community Development Director and County Administrator (DDC 13.08, 15.04.160 and 22.08.010).

The Board of County Commissioners of Deschutes County has delegated full authority to the Community Development Department (CDD) Director to administer this policy, with the exception of Items #7 and #8.

POLICY GUIDELINES:

1. Fee waivers under this policy provide a public benefit.
 2. **With the adoption of this policy and continuing with each budget, an amount not to exceed \$5,000 shall be set aside into a hardship account within the CDD budget from any savings of budgeted expenses or excess revenue.**
 3. **When money is available in the hardship account of CDD, the CDD Director may authorize fee waivers in amounts not to exceed the fee waiver budget each year.**
 4. The CDD Director shall find an applicant meets one of the following criteria in granting fee waivers:
 - A. The applicant meets the criteria for indigency and at least one of the following conditions. Indigence shall be established by the financial hardship process attached as Exhibit "A."
 1. There is an immediate need of the services of the Community Development Department to protect the applicant's or the public's health or safety.
 2. Granting the waiver will create a long-term efficiency of a Code Enforcement issue.
 - B. The request is from a nonprofit organization that has encountered an extraordinary hardship that could not have been anticipated in planning for and funding of the project, and the fee waiver will benefit the community.
- (NOTE: Community Service may be required by the CDD Director for some or all of the waived fees.)**
5. **Fee Waiver requests covered above shall be submitted on a form provided by CDD.** Applicant shall provide a written explanation of the request and explain why one or more of the above criteria are satisfied. The request will be delivered to the CDD Director for review and decision.

6. The applicant may appeal the CDD Director's decision to the Deschutes County Administrator. The applicant may appeal the Deschutes County Administrator's decision to the Board of County Commissioners.
7. The Board of County Commissioners may issue blanket fee waivers, subject to the above criterion, for classes of hardship such as catastrophic fire.
8. The Board of County Commissioners may waive fees in any other case where the public benefit is served and other remedies have been exhausted.

FINANCIAL HARDSHIP

Some property owners or other responsible persons who lack the financial ability to obtain permits and approvals to pay fees established by the County for Community Development Services may receive relief. The procedure for establishing financial hardships is set forth below:

Procedure:

In cases where the applicant appears to have insufficient resources to pay fees, the applicant may apply to qualify for financial or other assistance within available resources and under the following procedures.

1. **Criteria for Indigency**

To qualify for assistance under this section, the applicant or other responsible person must demonstrate a substantial financial hardship that makes paying the required fees impractical.

2. **Fee Reduction/Waiver**

An applicant may apply for a reduction or waiver of CDD development fees for permits. The decision to reduce or waive development fees will be made by the CDD Director, considering the following factors:

- A. The degree of the applicant's indigency;
- B. The cost of the development permit(s) or approval(s) required;
- C. Funds available for fee reductions/waivers in CDD's budget or in any other available funds;
and
- D. Other assistance available in the community.

3. **Community Service in Lieu of Fees**

Upon a finding of indigency, the CDD Director may order community service at the rate of \$10.00 per hour in lieu of some or all waived fees. A period of time shall be established in which the community service shall be completed.



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AFFIDAVIT OF INDIGENCE AND REQUEST FOR FEE WAIVER

This information is submitted in confidence and is not subject to public disclosure (ORS 192.502(2)).

APPLICANT'S NAME: _____

I, the undersigned, am requesting a waiver of Deschutes County Fees for Community Development Services because I cannot pay at this time without causing substantial hardship to myself and/or my dependent family.

The following information is true to the best of my knowledge and belief. I ask the CDD Director to use the information to decide whether I may receive a fee waiver at public expense. I understand I may be required to document or verify this information.

1. PERSONAL

Name (print): _____ Phone: (____) _____

Residence Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ **City/State/Zip:** _____

Date of Birth: _____ **Social Security No.** _____ - _____ - _____ **Male** **Female**
Mo/Day/Year

Marital Status: **Married** **Single** **Divorced** **Separated** **Widowed** **Other:** _____

Complete the following information for everyone living in your household:

Name	Relationship	Age	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Staff Use Only****

Description of fees to be waived: _____ Est. Amount: \$ _____

Fee Waiver Approved: Yes No _____ / ____ / ____
Director, Community Development Dept. Date

Comments: _____

2. EMPLOYMENT AND INCOME

Present Employer _____ How Long _____ Occupation _____

Address: _____ City/State/Zip: _____ Phone: (____) _____

Hourly wage \$ _____ Average Hrs./Week: _____ Net (after tax) monthly income: _____

If unemployed, how long since you were employed: _____

Previous Employer: _____ How Long: _____ Occupation: _____

Address _____ Phone (____) _____

Spouse's Employer: _____ How Long: _____ Occupation: _____

Address _____ Phone (____) _____

Hourly Wage \$ _____ Average Hrs./Week: _____ Net (after tax) monthly income: _____

If unemployed, how long since spouse was employed: _____

Other income for you and spouse, dependents or household members (example: Social Security, unemployment, retirement, public assistance, child support, worker's compensation, disability, etc.)

Source of Income (Describe)	Amount	How Long Received	How Often Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other household members who help pay for your living expenses:

Name	Amount	Payment for What	Describe
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE AND DEPENDENTS

Cash Available: _____

Savings Acc't. No: _____ Balance: \$ _____ Bank/Branch Office: _____

Checking Acc't. No: _____ Balance: \$ _____ Bank/Branch Office: _____

Other Acc't. No: _____ Balance: \$ _____ Bank/Branch Office: _____

Real Estate: Address, City	Value	Amount Owed	Equity	Payments Made
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Credit Card Name/Bank

Account Number

Expiration Date

Motor Vehicle Make/Year

Value

Amount Owed

Equity

Payments Made

Are any of these motor vehicles used for work (other than driving to and from work)? Yes No

All other property or assets (example: furniture, boats, guns, jewelry, tools, etc.):

Description

Value

Description

Value

Money owed to you or spouse by others (example, tax refund, trust, judgment, etc.):

Name of Debtor

Amount Owed

Date Payment Expected

4. MONTHLY EXPENSES

List all expenses that are paid monthly by you, individually, or by you, jointly with spouse:

Rent/Mortgage: \$ _____ Utilities: \$ _____ Credit Card: \$ _____
Car: \$ _____ Insurance: \$ _____ Medical: \$ _____
Child Support \$ _____ Court Order: \$ _____ Other: \$ _____

I am willing to perform Community Service to offset the public cost of my request.

I unable to perform Community Service for the following reasons:

I certify that the above information is true and correct to the best of my knowledge and belief.

Applicant Signature

Date



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**RELEASE TO OBTAIN INFORMATION FOR VERIFICATION
(CONFIDENTIAL)**

APPLICANT'S NAME: _____

I understand that the County may verify my employment and financial situation to determine my eligibility for a fee waiver. I understand that some of the information necessary for this verification is contained in records that are protected under federal and state laws. I have therefore signed this release which allows public and private organizations and individuals to provide the County or its designee with requested information. I understand that organizations and individuals which may be contacted include but are not limited to:

- Social Security Administration
- State Department of Revenue
- Mortgage Holder
- Department of Motor Vehicles
- Employment Division(s)
- Utility Companies
- Worker's Compensation Disability Provider
- Adult and Family Services Division
- Landlords
- Private Disability Insurance Provider
- Private Life Insurance Provider
- Past Employers
- Release Assistance Office
- Credit Card Holders
- Credit Bureaus
- Schools and Colleges
- Banks, Savings & Loans, Credit Unions (requesting savings, stocks, bonds, checking, loan and credit information including copies of applications)
- Other: _____

By signing this release, I specifically authorize the County or its designee to directly contact my current employer by telephone or in writing, and to release and utilize my address as needed by the Board of County Commissioners or its designee.

Applicant Signature

Date



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FEE WAIVER REQUEST FORM

Name of Individual/Organization: _____

Address: _____ City/State/Zip: _____ Phone: (____) _____

Type of Permit and Fees:

Building \$ _____ Planning \$ _____

Restaurant \$ _____ Subsurface Sewage \$ _____

Other: \$ _____

Total amount of fee(s) requested to be waived: \$ _____

The applicant shall provide a written explanation of the request and explain why one or more of the criteria below are satisfied. The request will be reviewed by the Community Development Director and a response will be provided within ten (10) business days.

Criteria that must be met to qualify for a Fee Waiver:

A. The applicant meets the criteria for indigency and at least one of the following conditions. Indigence shall be established by the financial hardship process attached (refer to **Affidavit of Indigence and Request for Fee Waiver form**).

1. There is an immediate need of the Community Development Department's services to protect the applicant's or public's health or safety.
2. Granting the fee waiver will create a long-term efficiency for a Code Enforcement issue.

B. The request is from a nonprofit organization that has encountered an extraordinary hardship which could not have been anticipated in planning for and funding of the project; and the fee waiver will benefit the community.

(NOTE: The Community Development Director may require performance of community services for some or all of the waived fees.)