

**BEFORE THE CITY OF ALBANY  
IN THE MATTER OF THE REQUEST FOR  
A LAND USE FEE WAIVER**

**AFFIDAVIT**

The undersigned hereby applies to the City of Albany for a waiver or reduction of a required fee and represents the following to be true.

**I. EMPLOYMENT**

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Oregon Drivers License # \_\_\_\_\_

How long have you been employed? \_\_\_\_\_ Hours worked per week \_\_\_\_\_

How much money do you make? Per month \$ \_\_\_\_\_ Per hour \$ \_\_\_\_\_

What are your payday? \_\_\_\_\_

Average monthly income \$ \_\_\_\_\_

Are you working now? \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

How are you supported? \_\_\_\_\_

Name of person supporting you \_\_\_\_\_

    Their address \_\_\_\_\_

    Their employers address \_\_\_\_\_

    Their income per month \$ \_\_\_\_\_ Per hour \$ \_\_\_\_\_

Are you getting:

    Welfare? \_\_\_\_\_ Amount \$ \_\_\_\_\_

    Social Security? \_\_\_\_\_ Amount \$ \_\_\_\_\_

    Unemployment? \_\_\_\_\_ Amount \$ \_\_\_\_\_

    Workers' Compensation? \_\_\_\_\_ Amount \$ \_\_\_\_\_

    Food Stamps? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**2. FAMILY**

Are you:  Single  Married  Common Law  Separated

Number of people in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

Spouse's name \_\_\_\_\_

Employer's name & address \_\_\_\_\_

Spouse's income per month \$ \_\_\_\_\_ Per hour \$ \_\_\_\_\_

Your street address \_\_\_\_\_

Your mailing address \_\_\_\_\_

Your phone number \_\_\_\_\_ Message phone \_\_\_\_\_

Name of relative or friend not living with you \_\_\_\_\_

    Their address \_\_\_\_\_

    Their phone \_\_\_\_\_ Relationship \_\_\_\_\_

Can anyone help you pay your land use fee? \_\_\_\_\_

**3. REAL AND PERSONAL PROPERTY**

Do you own any property? \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owed \$ \_\_\_\_\_

Life Insurance Policy \_\_\_\_\_ Company \_\_\_\_\_ Amt owed \$ \_\_\_\_\_

Stocks, Bonds, Securities \_\_\_\_\_ Company \_\_\_\_\_ Amt owed \$ \_\_\_\_\_

Do you own:

    Car \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owned \$ \_\_\_\_\_

    Boat \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owned \$ \_\_\_\_\_

    Camper \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owned \$ \_\_\_\_\_

    Motorcycle \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owned \$ \_\_\_\_\_

PERSONAL PROPERTY (TV, STEREO, FURNITURE, ANTIQUES, ETC)

    Article \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owed \$ \_\_\_\_\_

    Article \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owed \$ \_\_\_\_\_

    Article \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt owed \$ \_\_\_\_\_

Do you have a bank/savings account? \_\_\_\_\_ Bank's name \_\_\_\_\_

Cash in bank: Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Are you owed any money? \_\_\_\_\_ Amount \$ \_\_\_\_\_ Who from? \_\_\_\_\_

PARTIALLY FILLED OUT APPLICATIONS WILL NOT BE CONSIDERED!

Total cash on hand \_\_\_\_\_

**4. FINANCIAL OBLIGATIONS**

Are you renting? \_\_\_\_\_ Buying? \_\_\_\_\_ Your monthly payment \$ \_\_\_\_\_

Electric bill \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

**5. AUTHORIZATION**

I authorize the City to verify the information contained herein.

STATE OF OREGON  
COUNTY OF LINN  
CITY OF ALBANY

ss.

I, \_\_\_\_\_ being first duly sworn, say that the foregoing financial  
PRINT NAME HERE

statement is true as I verily believe.

x \_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

x \_\_\_\_\_  
NOTARY PUBLIC FOR OREGON/CLERK OF THE COURT/JUDGE/DEPUTY