



City of Maupin
 507 Grant Ave.
 PO Box 308
 Maupin, Oregon 97037

Community Development
 541-395-2698
 cityofmaupin.org
 communityliaison@cityofmaupin.org

REQUEST FOR WAIVER OF ABATEMENT COSTS

Thank you for contacting the City of Maupin. Qualified applicants may submit this form within ten (10) days from the date of a Final Notice of Violation to request waiver of City abatement costs. Applicants must be low income, aged, or infirmed in order for the City to waive abatement costs. Applicants that do not meet minimum requirements but still request assistance will be addressed on a case-by-case basis. Cost-sharing and payment plans may be available.

APPLICANT INFORMATION	
FIRST NAME*	LAST NAME*
MAILING ADDRESS*	CITY/STATE/ZIP*
SITE ADDRESS (IF DIFFERENT THAN MAILING)	CITY/STATE/ZIP
PRIMARY PHONE*	EMAIL (OPTIONAL)

DO YOU HAVE A CODE COMPLIANCE CASE NUMBER? YES NO IF YES, NUMBER: _____

QUALIFYING CRITERIA
<p>APPLICANT MUST MEET AT LEAST ONE OF THE CRITERIA TO QUALIFY FOR WAIVER OF ABATEMENT COSTS: (CHECK ALL THAT APPLY AND PROVIDE DOCUMENTATION OF QUALIFYING INCOME, MEDICAL HARDSHIP, OR AGE)</p> <p><input type="checkbox"/> INCOME IS AT OR BELOW THE 150% FEDERAL POVERTY STANDARD (REFERENCE TABLE ON BACK/PAGE 2).</p> <p><input type="checkbox"/> INFIRMED OR HAVE OTHER PHYSICAL DEBILITATIONS THAT IMPACT ABILITY TO MAINTAIN PROPERTY</p> <p><input type="checkbox"/> 65 YEARS OR OLDER AND CANNOT PHYSICALLY MAINTAIN PROPERTY</p>

REASON FOR REQUEST
PLEASE DESCRIBE THE REASON WHY ABATEMENT AND/OR THE ASSESSMENT OF ABATEMENT COSTS PRESENTS AN UNDUE BURDEN:

SIGNATURE	
<p>I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ON AND WITH THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.</p>	
SIGNATURE: *	DATE: *
REPRESENTATIVE NAME: *	RELATION TO APPLICANT: *
REPRESENTATIVE SIGNATURE: *	DATE: *

FOR OFFICE USE ONLY	DATE RECEIVED	APPROVED BY
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INCOME REFERENCE ON BACK/PAGE 2



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2021 FEDERAL POVERTY GUIDELINES		
PERSONS IN FAMILY / HOUSEHOLD	100%	150%
<i>FOR FAMILIES/HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD \$4,540 FOR EACH ADDITIONAL PERSON.</i>		
1	\$12,880	\$19,320
2	\$17,420	\$26,130
3	\$21,960	\$32,940
4	\$26,500	\$39,750
5	\$31,040	\$46,560
6	\$35,580	\$53,370
7	\$40,120	\$60,180
8	\$44,660	\$66,990
DATA TAKEN FROM https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines		