



## ST. TAMMANY PARISH

DEPARTMENT OF PLANNING

P. O. Box 628

COVINGTON, LA 70434

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*Kevin Davis*

*Parish President*

### **PARISH TRANSPORTATION AND DRAINAGE IMPACT FEES ADMINISTRATIVE APPLICATION FOR FEE WAIVER REQUEST**

Families or individuals that are considered at the very lowest level of household income pursuant to the Housing and Urban Development's (HUD'S) income threshold limits, are eligible for waiver of the Parish's Transportation and Drainage Impact Fees.

The following items are required to be submitted in order to make application for a request for a waiver of the impact fees:

- a.) A cover letter stating the person or persons requesting the waiver and the reasons why the waiver of the impact fees are needed.  
*(A standard form cover letter is attached for your convenience and use.)*
- b.) An affidavit declaring whom in the household will be income producers, and the names of those persons whom shall reside in the home.  
*(A standard form affidavit is attached for your convenience and use.)*
- c.) Proof of income from all sources for all income producers residing in the new residence is required to be remitted in order determine income level status. The applicant shall submit, in order of priority, the following documentation to prove current income level status:
  - A copy of the two (2) most recent paycheck stubs.
  - If paycheck stubs are not available, a letter from the employers payroll agent is required to be submitted stating current yearly gross income to date.
  - If self-employed, a letter from your accountant stating current yearly gross income to date; an affidavit stating gross income for the current year to date; or lastly, a copy of your most recent 1099 form filed with the IRS.
  - If currently unemployed, A W-2 form from the previous year earnings, or a copy of the most recent Federal Income Tax Filing Form.
  - If on social security, a signed letter from the Social Security Office stating monthly gross income.
  - If on a pension, documentation stating monthly or annual gross income benefits.

*(It may take approximately five (5) to ten (10) business days to review the application and render a decision. If you have any questions, please call us at 898-2529.)*

Date: \_\_\_\_\_

Mr. Ron Keller, Senior Planner, et al  
St. Tammany Parish Department of Planning  
P.O. Box 628  
Covington, LA 70434

Re: Request for Waiver of the Parish's Transportation and Drainage Impact Fees

Dear Mr. Keller:

I \_\_\_\_\_, am petitioning the Parish requesting the waiver of the above captioned impact fees due to the following reasons:

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Please find attached the documentation requested for determining whether I can qualify for the impact fee waiver. Please advise me as soon as possible regarding the waiver request.

If you have any questions, please call me at \_\_\_\_\_.  
(Phone Number)

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Street or P.O. Box Mailing Address - Print)

\_\_\_\_\_  
(City, State & Zip Code - Print)

**AFFIDAVIT**

I, \_\_\_\_\_, hereby declare that there shall be a total of \_\_\_\_ persons residing in my new residence at \_\_\_\_\_  
(Mailing Address, *or Street location*) (City) (State) (Zip Code)

Their names and income status are as follows (*also include your name below*):

\_\_\_\_\_ Income producer: Yes \_\_\_ No \_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_ Income producer: Yes \_\_\_ No \_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_ Income producer: Yes \_\_\_ No \_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_ Income producer: Yes \_\_\_ No \_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_ Income producer: Yes \_\_\_ No \_\_\_  
(First Name) (Middle Initial) (Last Name)

\_\_\_\_\_ Income producer: Yes \_\_\_ No \_\_\_  
(First Name) (Middle Initial) (Last Name)

I further declare that I have attached all relevant documentation requested for all forms of income for each income producer, including myself, that will reside in my new residence.

My current address is: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I, Notary, hereby certify that the above sworn statement was duly taken and subscribed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC