

Financial Hardship Fee Waiver Application

Please complete all sections of this application to request a waiver for applicable fees due to financial hardship. This form is designed to be filled out and printed.

1. Applicant Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Account or Case Number (if applicable):

2. Fee Details

Type of Fee to be Waived (e.g., Registration, Processing, Late Fee):

Total Fee Amount (\$):

3. Financial Information

Total Monthly Gross Income (all sources):

Number of Dependents in Household:

Monthly Rent or Mortgage Payment:

Total Other Monthly Expenses (utilities, food, medical, etc.):

4. Reason for Hardship

Please describe the specific circumstances causing your financial hardship:

5. Certification and Signature

I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge.

Applicant Signature (Sign after printing):

Date (MM/DD/YYYY):

