

# Basic Financial Waiver Form for Payment Exemptions

Full Name

Contact Information (Phone or Email)

Address

Reason for Payment Exemption

Supporting Document(s) / Proof of Financial Status

Choose File

No file selected

Requested Exemption Duration

Additional Information (Optional)

**Declaration:** I hereby certify that the information provided is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in my waiver application being denied.

Applicant Signature

Date