

# Financial Hardship Waiver Request for Fee Exemption

## Applicant Information

Full Name

Address

Phone Number

Email Address

## Request Details

Type of Fee for Which Exemption Is Requested

Reason for Request (Please describe your circumstance)

## Financial Information

Monthly Income

Number of Household Members

Monthly Expenses

Other Sources of Financial Support

Additional Information (Optional)

Declaration

I, the undersigned, declare that the information provided above is true and accurate to the best of my knowledge. I request that the applicable fee be waived due to financial hardship.

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Applicant Signature

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Date