



FEE WAIVER APPLICATION

Name of Applicant: _____ Phone: _____ DRC Case #: _____ office use

Monthly, gross household income, by type:

Salary / Wages: _____

Unemployment Income: _____

Child Support Income: _____

Financial Aid Income: _____

Government Assistance Income: _____

SSI/Disability Income: _____

Other assistance; food stamps etc: _____

How many adults in your household? _____

How many children in your household? _____

Note anything else you think we should know:

Please include some form of documentation for our records; any related documents that verify the above numbers.

Documentation options to support your request could include: most recent tax return, W-2, pay stubs, food stamp card, letter from a case worker, financial aid letter, unemployment records, etc.

I certify that the income information above is complete and accurate:

Signature: _____ Date: _____

-FOR OFFICE USE ONLY-

Approved Amount: _____

(Program Manager)

(Date)

Return to: manager@6rivers.org