

WAIVER OF EXAMINATION FEE

I, _____, am requesting a waiver of the fee for the following examination(s):

EXAM TITLE	EXAM NO.

<p>_____ I QUALIFY FOR PUBLIC ASSISTANCE. (For example, Medicaid, Home Relief, Aide to Dependent Children or SSI). I have attached verification signed and dated by the proper authority indicating: type of agency, case number, type of assistance, effective dates.</p> <p>SIGNATURE: _____ DATE: _____</p>
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-OR-

<p>_____ I QUALIFY AS UNEMPLOYED HEAD OF HOUSEHOLD. I am primary support of a household. Provide the following information:</p> <p>Name and address of last place of employment: _____</p> <p>_____</p> <p>Date employment ended: _____</p> <p style="text-align: center;">Names of others in the household, their relationship to you and incomes:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 45%;">NAME</th> <th style="width: 25%;">RELATIONSHIP</th> <th style="width: 30%;">INCOME</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Do you receive unemployment? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are not receiving unemployment, please explain the reason why: _____</p> <p>_____</p> <p>SIGNATURE: _____ DATE: _____</p>			NAME	RELATIONSHIP	INCOME												
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