**Appendix 1**

**REQUEST FOR FEE WAIVER[[1]](#footnote-1)**

.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Derivative applicants who also need fee waivers based on information in this request:

Derivative Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Derivative Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Derivative Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Form(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Eligibility: I believe I am entitled to/deserving of [VAWA self-petition; U visa; T visa] based on having suffered [battery/extreme cruelty; qualifying crime; trafficking].

I request a fee waiver pursuant to 8 C.F.R. 103.7 for the filing and any biometrics fees required for the enclosed application(s). I am unable to pay the filing and biometrics fee(s) because of my financial and special circumstances described below.

\_\_\_ Means-tested benefits: I receive the following benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Income 150% below federal poverty guidelines: My monthly income is $ \_\_\_\_\_\_\_\_\_\_

\_\_\_ Dependents – I have \_\_\_ dependent(s) that depend on me for financial support

\_\_\_\_ My children receive the following means-tested benefits: (Medicaid/TANF/SNAP/other):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I have a financial hardship: [Include description of hardship]

**OVERALL FINANCIAL PICTURE**

**Information about my household and family members:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to me** | **Employed (yes/no)** | **Income** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Information about my income:**

|  |  |
| --- | --- |
| **Source** | **Amount per month** |
| Wages / salary |  |
| Child Support |  |
| Other income: |  |
| **TOTAL** |  |

**Information about my and my household’s public benefits:**

|  |  |
| --- | --- |
| **Source** | **Amount per month** |
| Food Stamps |  |
| Medicaid/other medical assistance |  |
| TANF/ADC |  |
| SSI |  |
| Other public benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Information about my assets:**

|  |  |
| --- | --- |
| **Source** | **Amount** |
| Cash / checking / savings |  |
| Real estate |  |
| Personal property (specify) |  |
| Other assets (specify) |  |
| **TOTAL** |  |

**Information about my expenses:**

|  |  |
| --- | --- |
| **Source** | **Amount per month** |
| Housing (rent / mortgage) |  |
| Food |  |
| Utilities |  |
| Transportation / car loan |  |
| Auto insurance |  |
| Medical |  |
| Telephone |  |
| Childcare |  |
| Clothing |  |
| Spousal / child support |  |
| Credit cards |  |
| Other debts or loans |  |
| Other expenses (specify) |  |
| **TOTAL** |  |

I declare under penalty of perjury of the laws of the United States that the foregoing is true and

correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Signatures of family members requesting a fee waiver:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

1. Fee waiver sample is based on fee waiver statement created by Nebraska Coalition to End Sexual and Domestic Violence. ASISTA thanks NCESDV for their partnership and contribution to this advisory. For a editable version of this form, click: <http://bit.ly/FeeWaiverSampleStatement> [↑](#footnote-ref-1)