

Fee Reduction Income Documentation Waiver

I am applying for an Adult Individual or Household fee reduction and cannot provide documentation for the following:

- Most recent Federal Tax 1040 forms with W2(s) and 1099(s) filed by all adults
- Most recent Virginia State 76X series tax forms with W2(s) and 1099(s) filed by all adults
- Documents serving as pre-qualifier for financial assistance. In this case, fee reductions will be assessed based on the following:
 - APS reduced lunch program = discount 50%
 - APS free lunch program = discount 75%
 - DHS Woman Infant and Children Program (WIC) = discount 75%
 - DHS Temporary Assistance to Needy Families (TANF) = discount 75%
 - Food stamps = discount 75%
 - Medicaid Card = discount of 50%
 - SSI or SSDI = discount of 50%
 - Unemployed adult with a letter from a governmental agency as proof of unemployment = discount of 50% (as long as any other income does not exceed the section 8 guidelines).

Name(s)	DOB	List Gross Income (before any deductions) in whole dollars. Write in how often income is received: (W) = Weekly; (2W) = Every 2 Weeks; (2M) = Twice a Month; (M) = Monthly; (Y) = Yearly					
		Job 1* \$Amount/How Often	Job 2* \$Amount/How Often	Welfare, Child Support, Alimony \$Amount/How Often	Pensions, Retirement, Social Security \$Amount/How Often	All Other Income \$Amount/How Often	Check if No Income
1		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

* Job 1: Name of Employer & Location:

* Job 2: Name of Employer & Location:

I certify that all the above information is true and correct and that all income has been reported. I understand that Arlington County officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult

Date