

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 Income Tax Form 1040 with corresponding W2(s) and/or 1099(s) filed by all adults in the household
- Most recent Virginia State 76X series tax forms with corresponding W2(s) and/or 1099(s) filed by all adults in the household
- In the absence of the above forms, I am using one of the following documents 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%
 - SNAP = discount 75%
 - Medicaid Card = discount of 50%
 - SSI or SSDI = discount of 50%
 - Official documentation from the Virginia Employment Commission demonstrating that I am currently receiving unemployment benefits (along with demonstrated proof of all other forms of income).

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						Check if No Income
		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		
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