

## APPEAL FEE WAIVER REQUEST

\_\_\_\_\_  
Name:

\_\_\_\_\_  
"A" Number

I, \_\_\_\_\_, declare under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I am the Applicant/Respondent in the above case and that I am unable to pay the cost of my appeal due to my poverty. I believe that my appeal is valid and I declare that the following responses concerning my financial situation are true and correct to the best of my knowledge:

| Assets  |                 | Expenses (including dependents)                     |                 |
|---|-----------------|---|-----------------|
| Wages, Salary   | \$ _____ /month | Housing<br>(rent, mortgage, etc)                    | \$ _____ /month |
| Other Income<br>(business, profession,<br>self-employment, rent<br>payments, interest, etc)                                   | _____ /month    | Food  | _____ /month    |
| Cash  | _____           | Clothing  | _____ /month    |
| Checking or Savings account   | _____           | Utilities<br>(phone, electric, gas,<br>water, etc.) | _____ /month    |
| Property<br>(real estate, automobile,<br>stocks, bonds, etc.)   | _____           | Transportation                                      | _____ /month    |
| Other Financial Support<br>(public assistance, alimony,<br>child support, gift, parent,<br>spouse, other family members, etc) | _____ /month    | Debts, Liabilities                                  | _____ /month    |
|   |                 | Other<br>(specify)                                  | _____ /month    |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date