

AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

Name: _____

Alien number: _____

This affidavit is submitted in support of a fee waiver request for the following applications: _____

Income and Assets

Monthly Expenses

Monthly income: _____

Rent: _____

Assets: _____

Food: _____

Value of assets: _____

Clothing: _____

Public benefits received: _____

Telephone/ utilities: _____

Transportation: _____

Other: _____

Total: _____

I, _____ hereby affirm that the information on this form is true and correct and that I am unable at this time to pay the required fee for the application(s) listed above. I respectfully request that this request for a fee waiver be granted.

Signature

Date