

## 2020 License Fee Exemption Request Form

*This form must be postmarked or received on or before Feb. 3, 2020. If your request is denied and payment is not made online or postmarked or received by Feb. 3, 2020, a 30% late fee will be assessed. You will be denied only if you do not meet the eligibility criteria outlined below.*

### ELIGIBILITY CRITERIA

Article III, section I of the bylaws provides:

#### 5. License Fee and Assessment Exemptions Due to Hardship.

In case of proven extreme financial hardship, which must entail a current annual household income equal to or less than 200% of the federal poverty level as determined based on the member's household income for the calendar year immediately preceding the calendar year for which the member is seeking to be exempted from license fees, the Executive Director may grant a one-time exemption from payment of annual license fees and assessments by any Active member. Hardship exemptions are for one licensing period only, and a request must be submitted on or before February 1st of the year for which the exemption is requested. Denial of an exemption request is not appealable.

Supporting documentation may be requested.

#### The 2019 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia\*

Persons in family	Annual <u>Gross Household</u> Income – Poverty Guideline	200%
1	\$12,490	\$24,980
2	16,910	33,820
3	21,330	42,660
4	25,750	51,500
5	30,170	60,340
6	34,590	69,180
7	39,010	78,020
8	43,430	86,860

For families with more than 8 persons, add \$4,420 for each additional person.

\*For Alaska and Hawaii see [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)

### CERTIFICATION

I, \_\_\_\_\_, License # \_\_\_\_\_, hereby submit a request for a **one-time** exemption from payment of the annual license fee and assessment for the 2020 license year, based on the following:

- 2019 Annual gross household income: \_\_\_\_\_
- Number of persons in family: \_\_\_\_\_

I certify that my 2019 annual gross household income is equal to or less than 200% of the federal poverty level.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place signed (city, state)

