## WAIVER OF FEES APPLICATION

Please print in BLOCK LETTERS:

Mailing Address: City or Town/Province:	Work	Apt # Post <u>al Code:</u> Msg	Given Names: Date of Birth: Age:
9 Male 9 Female	<ul><li>9 Employed</li><li>9 Unemployed</li><li>9 Unable to work</li><li>9 Student/Training</li></ul>	9 Not married 9 Common La 9 Divorced	
I APPLY TO HAVE THE FOLLOWING COURT FILING FEES WAIVED:			
HUSBAND OR WIFE (INCLUI Name: Address: Do you receive social or Other Mu 9 Yes	Phone:	APPLICANT): Total Living Appl Name 1. 2. 3. 4.	SE, CHILD, OTHER PERSON SUPPORTED BY with Living Apart icant          Relationship       Birth date         (mm/dd/yr)
Person who can verify financial information	Name:Address:	Phone:	
GROSS MONTHLY INCOM Salary (Wages + Tips) Unemployment Ins. Social Assistance Old Age Assistance Pension Spouse's Income (Including Common Law) Maintenance Received Specify Other Income  Gross Monthly Income Less Maintenance you pay per month		IMPORTA In order to waived, yo C a c C a c C a c Re C a l off	
Monthly Income			