



APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

The purpose of this form is to determine if you qualify for indigent status. Upon review of documents, you will be notified of approval / disapproval of indigent status.

Approved participants will either receive a discounted rate, or will be provided with a "coupon code" waiving the course fee.

Please provide the following information:

❖ Your net income \$

*Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.*

❖ Spouse net income \$

*Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.*

❖ Other net income \$

Other income may be: second job, social security benefits, unemployment compensation, retirement / pensions, trusts, veterans benefits, workers compensation, stock/bonds, rental income, etc.

❖ Other assets \$

Other assets may be: cash, bank accounts, certificates of deposits, stock / bonds, saving accounts, real property, motor vehicle, boats, etc.

Check one: I DO DO NOT expect to receive more income /assets in the near future. The assets are \$.

❖ Liabilities and debts \$

Home \$: ; Motor vehicle \$: ; Other real property \$: ; Child support \$: ;
Credit cards \$: ; Medical bills \$: ; Other \$: .

I certify that the information I have given on the application is complete and correct. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my approval / disapproval of indigent status.

I understand that RM&A may require additional information to prove information provided on this application such as: payment slip, tax returns, or other relevant documents that may prove my financial status.

Full Legal Name of Applicant for Indigent Status:

Signature of Applicant for Indigent Status: _____

Date signed:

Phone Number and email address:

RM&A Determination:

Based on the information in this Application and additional documents , I have determined the applicant to be Indigent Not Indigent.

Date of approval / denial:

Please fill out this form and email it to: info@adraceu.com