

EH-F (2) - AFFIDAVIT OF INDIGENCY FOR WAIVER OF ELECTRONIC COMMUNICATION CHARGE

Wilton-Lyndeborough Cooperative School District, SAU 63

Request for Waiver of Charge for Individual Electronic Communications

This form should be used only when a person/entity is requesting a waiver of a fee for waiver of a charge for records of Individual Electronic Communications based upon indigency.

Requestor Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Information Relating to Request for Electronic Communications:

Date of Records Request: _____

Records Requested: (general description only)

Estimated Charge Provided by District/SAU \$ _____

Eligibility Determination Form: Federal Poverty Guidelines Applicant Information

- Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: _____
- Email Address: _____

Household Information

1. Household Size

- Total number of people living in your household (including yourself): _

2. Household Members

- Please list each household member and their relationship to you:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Include additional household members on rear of form.

Income for the Current Year

- Annual **CURRENT*** gross income of the **ENTIRE** household (before taxes): \$ _____
(Although a tax return from a prior year can be helpful documentation, the amount included here should be based upon current circumstances. Include all sources of income: wages, salaries, social security, unemployment benefits, child support, etc.)

4. **Sources of Income** (Check all that apply):

- ☐ Wages/Salary _____
- ☐ Social Security
- ☐ Unemployment Benefits
- ☐ Child Support/Alimony
- ☐ Pension/Retirement
- ☐ Disability
- ☐ Self-employment
- ☐ Other: _____

Please attach any documents that support your statements above.

CERTIFICATION

I hereby certify that the information provided in this request is true and correct to the best of my knowledge. I understand that providing false information may result in the denial of my request for a fee waiver.

Signature: _____ Date: _____

****For Office Use Only:****

Date Received: _____

Request Approved: ☐ Yes ☐ No

Approved By: _____

First Reading: December 17, 2024

Second Reading: January 7, 2025

Final Adoption: January 7, 2025

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