

# Application for Waiver of Registration Fees



LIM359 wants to make sure that registration fees do not pose a barrier for any individual with limb loss/difference who wants to participate in our activities. If you feel that your financial circumstances might qualify you for a registration fee waiver, please complete this form and submit it to [livinginmotion359@gmail.com](mailto:livinginmotion359@gmail.com).

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I am applying for LIM359 registration fees to be waived from \_\_\_\_\_ (start date of waiver) to \_\_\_\_\_ (end date of waiver) (please note that time period may not to exceed 1 year, but applicant may reapply each year or multiple times within the year as needed).

I believe I qualify for a waiver of registration fees for the following reason(s) (please check all that apply):

- My household income is at or below 150% of the Federal Poverty Guidelines (2016 incomes at or below 150% of the Federal Poverty Guidelines indicated below):

Household Size	Annual Income
1	\$ 17,655
2	\$ 23, 895
3	\$ 30,135
4	\$ 36,375
5	\$ 42,615
6	\$ 48,855
7	\$ 55,095
8	\$ 61,335

- I receive a Section 8 housing voucher or live in federally subsidized public housing or am homeless
- I do not qualify for the above reasons, but I have a financial hardship. Please describe your particular situation below (use back if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is accurate and take full responsibility for the accuracy of the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name