

## 2022 License Fee Exemption Request Form

*This form must be postmarked or received on or before Feb. 1, 2022. If your request is denied and payment is not made online or postmarked or received by Feb. 1, 2022, 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 an 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. A member may be granted a hardship exemption a maximum of two times, on the basis of separate exemption requests, and the exemptions may be granted for consecutive or non-consecutive calendar years.

Supporting documentation may be requested.

#### The 2021 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	\$12,880	\$25,760
2	17,420	34,840
3	21,960	43,920
4	26,500	53,000
5	31,040	62,080
6	35,580	71,160
7	40,120	80,240
8	44,660	89,320

For families with more than 8 persons, add \$4,540 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 an exemption from payment of the annual license fee and assessment for the 2022 license year, based on the following:

- 2021 Annual gross household income: \_\_\_\_\_
- Number of persons in family: \_\_\_\_\_

I certify that my 2021 annual gross household income is equal to or less than 200% of the federal poverty level.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

