Low-Income Family Initial Licensing Fee Waiver Application

APPLICANT INFORMATION

Applicant Nam	e:							
	First	Middle	Last	Suffix				
Home Address:	:							
	(Physical Address – Not PC	O Box) City	State	e Zip	County			
Preferred Maili	_							
(If different from l	home address)	City	State	e Zip	County			
Email Address:	:P	Phone # Date of Birth						
		CENSE TYP		ing for				
Select the type of initial license you will be applying for								
Trainee Permit Hearing Aid Dealers								
VERIFICATION OF ELIGIBILITY								
Select the applicable eligibility category and enclose the required documentation								
See Page 3 for the 2020 Poverty Guidelines chart.								
•	y reside in West Virginia or a po		•					
	irginia, and my household adju ed by the U.S. Dept. of Health a	_		-				
	.come, I have enclosed a copy of			•				
	eparate tax returns were filed, y	ou are require	d to submit the	Federal Tax Re	eturn for both			
you and your spo	ouse.							
	currently enrolled in the Temp	•	•	_	•			
·	pplemental Nutritional Assistar ostantially equivalent low-incon	• ,	•	_				
I have enclosed:	ostantiany equivalent low-incon	ne engionity req	unements. As	verification of n	ny participation,			
a.								
	demonstrates current particip		or federal pub	lic assistance p	rogram with lo-			
	income eligibility requirement	s; or						
b.	Other (please describe)							

CERTIFICATION

I hereby certify that:

- The information contained within this application is true and correct.
- I have not previously received an initial licensing fee waiver from the WV Board of Hearing Aid Dealers, and;
- I have not previously held a license to practice my profession in West Virginia

Printed Name:		
Original Signature:	Date:	
All correspondence regarding this application	will be via the email address provided.	

SUBMIT THIS WAIVER APPLICATION & REQUIRED DOCUMENTS WITH YOUR LICENSE APPLICATION.

2020 FEDERAL POVERTY GUIDELINES FOR 48 CONTIGUOUS STATES AND DC

Household/Family Size		100%	130%
	1	\$12,760.00	\$16,588.00
	2	\$17,240.00	\$22,412.00
	3	\$21,720.00	\$28,236.00
	4	\$26,200.00	\$34,060.00
	5	\$30,680.00	\$39,884.00
	6	\$35,160.00	\$45,708.00
	7	\$39,640.00	\$51,532.00
	8	\$44,120.00	\$57,356.00

For families/households with more than 8 persons, add \$4,480.00 for each additional person.