

Passport Fee Waiver Form

for Low Income

Applicant Information

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Mailing Address: _____

Phone Number: _____

Eligibility for Fee Waiver

- My household income is at or below 150% of the Federal Poverty Level
- I receive government benefits (Medicaid, SNAP, TANF)
- I am experiencing extreme financial hardship (medical bills, unemployment, etc.)

Financial Details

Monthly Income: \$ _____

Number of Household Members: _____

Major Expenses (Rent, Loans, Bills): \$ _____

Supporting Documents (Attach Copies)

- Proof of public assistance (SNAP, Medicaid, SSI)
- Most recent tax return or pay stub
- Unemployment benefits statement
- Explanation of financial hardship

Declaration and Signature

I certify that the information provided is true and accurate. I understand that false claims may result in penalties.

Signature: _____

Date: _____

For Passport Agency Use Only

Approved

Denied

Reviewed by: _____

Date: _____