

Passport Fee Waiver Form

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Reason for Fee Waiver Request

- Low-income status
- Government assistance recipient
- Financial hardship
- Other (Specify): _____

Financial Information

Annual Household Income: \$ _____

Number of Dependents: _____

Employer (if applicable): _____

Monthly Expenses (Rent, Utilities, etc.): \$ _____

Required Documents (Attach Copies)

- Proof of government assistance (SNAP, Medicaid, TANF)
- Most recent tax return or pay stubs
- Unemployment benefits statement
- Written explanation of financial hardship

Certification Statement

I, _____, certify that the information provided is accurate. I understand that submitting false information may result in penalties.

Signature: _____

Date: _____

For Official Use Only

Approved

Denied

Reviewed by: _____

Date: _____