



**STATE OF CONNECTICUT  
TOWN OF FAIRFIELD**

NAME OF REQUESTOR:	PHONE #:
RESIDENCE ADDRESS:	SPECIFY FEE TO BE WAIVED:

**1. INCOME** (Net income after taxes; include all sources and three (3) Years tax returns or proof of public assistance)

NET INCOME \$

Public Assistance Received:  YES  NO

(If yes, specify type): \_\_\_\_\_

**2. DEPENDENTS** (Total number of dependents)

NO. OF DEPENDENTS

**3. ASSETS** \_\_\_\_\_

	ESTIMATED VALUE	LOAN BALANCE	EQUITY
A. Real Estate	\$	\$	REAL ESTATE \$
B. Motor Vehicles	\$	\$	MOTOR VEHICLE \$
C. Other personal property	\$	\$	OTHER \$
D. Savings accounts (Total of all accounts including DOC trust account)			SAVINGS \$
E. Checking accounts (Total of all accounts)			CHECKING \$
F. Stocks: Name _____			STOCK VALUE \$
G. Bonds: Name _____			BOND VALUE \$
			<b>TOTAL ASSETS \$</b>

**4. LIABILITIES**

DATE	SOURCE	AMOUNT OF DEBT	BALANCE DUE	WEEKLY PAYMENT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

TOTAL LIABILITY \$



**5. AFFIDAVIT**

I hereby certify, under penalty of perjury, that the foregoing information is accurate to the best of my knowledge and that I can, if requested, submit documentation for all income, assets and liabilities listed above.

**NOTICE** → **Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.**

**(ATTACH PERTINENT RECORDS)**

SIGNED (Applicant)	PRINT NAME	DATE SIGNED
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**DECISION OF  
THE TOWN OF FAIRFIELD**

**The Town of Fairfield HR Department, having found the applicant hereby orders the application:**

- GRANTED as follows:
  - The following fees payable to the Town of Fairfield are waived.  
(Specify) \_\_\_\_\_
- INDIGENT AND UNABLE TO PAY
- NOT INDIGENT
- DENIED

BY (Print Name )	ON (Date)
SIGNED	DATE SIGNED

**THE FINAL DECISION OF THE TOWN OF FAIRFIELD  
IS APPEALABLE TO THE FREEDOM OF INFORMATION COMMISSION**