California Massage Therapy Council
Request for Waiver of Hearing Fee

Individuals with a gross monthly income of less than the applicable amount below may be entitled to a waiver of hearing fees. Sufficient evidence of gross monthly income less than the applicable amount listed below must be received with this form. To request a waiver of hearing fees, you must do ALL of the following:

- Complete and submit this form and all supporting documentation to:
  - Email: info@camtc.org OR
  - Mail: One Capitol Mall, Suite 800, Sacramento, CA 95814, AND
- Submit supporting documentation evidencing
  - the number of persons in your household,
  - your gross monthly income, and
  - the gross monthly income of all others in your household.

Name:______________________________________________________________

Address:_____________________________________________________________________

Drivers License Number (or State ID): ___________________________ Date of Birth: ________

CAMTC ID Number: ____________ CAMTC Certificate Number: ____________

Number of Persons in Household:_____
My Gross Monthly Household Income (before deductions for taxes) is: ______________

I hereby swear under penalty of perjury under the laws of the State of California that the forgoing is a true and correct statement.

Signature of Applicant or Certificate Holder

<table>
<thead>
<tr>
<th>Persons in household</th>
<th>Indigence guideline (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,301.05</td>
</tr>
<tr>
<td>2</td>
<td>$1,761.46</td>
</tr>
<tr>
<td>3</td>
<td>$2,221.88</td>
</tr>
<tr>
<td>4</td>
<td>$2,682.30</td>
</tr>
<tr>
<td>5</td>
<td>$3,142.71</td>
</tr>
<tr>
<td>6</td>
<td>$3,603.13</td>
</tr>
</tbody>
</table>

If more than 6 people at home, add $460.42 for each extra person.

*Individuals evidencing total amount of income for waiver of filing fees will need to submit tax returns from the previous tax year. Please provide documents of government assistance if applicable.