

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

Indigence Guidelines

Persons in household	Indigence guideline (per month)
1	\$1,301.05
2	\$1,761.46
3	\$2,221.88
4	\$2,682.30
5	\$3,142.71
6	\$3,603.13

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.