



AFFIDAVIT IN SUPPORT OF REQUEST FOR WAIVER
OF FILING FEE UNDER SEC. 11C

Please provide DIA Board Number: \_\_\_\_\_

Pursuant to General Laws c. 152, Sec. 11C, the applicant, \_\_\_\_\_
(Print Name of Applicant)

swears (or affirms) as follows:

- 1. Applicant is indigent in that he/she is a person unable to pay the filing fee mandated by Sec. 11C, or is unable to do so without depriving himself or his dependents of the necessities of life, including food, shelter and clothing.
2. In support of this affidavit, the applicant submits the following information:
(a) Address of Applicant: \_\_\_\_\_
(b) Date of Birth: \_\_\_\_\_
(c) Highest grade attended in school: \_\_\_\_\_
(d) Special Training: \_\_\_\_\_
(e) List any physical or mental disabilities: \_\_\_\_\_
(f) Marital status: \_\_\_\_\_
(g) Number of dependents (if applicable): \_\_\_\_\_
and ages of dependents: \_\_\_\_\_
(h) Income, expense, asset & liability information:
Gross income from all sources (check one):
\$ \_\_\_\_\_ per \_\_\_\_\_ week/ \_\_\_\_\_ month/ \_\_\_\_\_ year.

If now working, list your occupation:
and the name of your employer: \_\_\_\_\_

Source(s) of income, per \_\_\_\_\_ week/ \_\_\_\_\_ month/ \_\_\_\_\_ year
if not from employment: \_\_\_\_\_ (check one)
Workers' Compensation Benefits \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_
Social Security Disability \$ \_\_\_\_\_ Other \$ \_\_\_\_\_
Long Term Disability \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

If spouse of applicant is employed, list occupation and name and address of his/her employer: \_\_\_\_\_

Applicant and spouse's gross annual income for the preceding year:

\$ \_\_\_\_\_

Deductions

Federal Tax \$ \_\_\_\_\_

State Tax \$ \_\_\_\_\_

Social Security (FICA) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Net Income (Specify whether monthly or weekly):

\$ \_\_\_\_\_ per \_\_\_\_\_

Expenses (Specify whether monthly or weekly):

Rent \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Assets:

Own car? \_\_\_\_\_ Year & Make \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Loan Amount \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Bank Accounts (number of and balance in each) \_\_\_\_\_

Real Property? \_\_\_\_\_ (Identify Type)

Market Value \$ \_\_\_\_\_ Loan Amount \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Liabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(i) Other facts which may be relevant to applicant's ability to pay the filing fee?

\_\_\_\_\_  
\_\_\_\_\_

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:

Signature of Applicant: \_\_\_\_\_

Type or Print Name of Applicant: \_\_\_\_\_

**ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED REVIEWING BOARD PERSONNEL.**