

FORM DIRECTIONS: If you are accessing this form from the B.C. Government Web site, it can be filled out at the computer workstation. It can also be printed and completed by hand. If completing sections by hand, please *print clearly, using dark ink*. If you are completing this form at a computer, simply type in your response where required. It's important to note that you **cannot save** the completed form to your computer, therefore, after you complete the form, make sure you review the form for accuracy and print the number of copies you require **before** you leave the document or shut down the program/computer.

This Application to Waive Filing Fee accompanies my Application for:

- Arbitration
 Review of Decision or Order of an Arbitrator
 Substitute Service

APPLICANT:

last name	first name	middle name(s)

CURRENT ADDRESS:

suite or site number	street number	street name	city	province	postal code
(<input style="width: 40px;" type="text"/>) <input style="width: 200px;" type="text"/> phone number					

DISPUTE ADDRESS: (if different from current address)

				B.C.	
suite or site number	street number	street name	city	province	postal code

Number of people occupying the premises: Number of dependents:

The total gross monthly household income* is: \$ **A**
(*total gross monthly household income, before deductions, of all persons occupying the premises where the applicant resides)

This month I have exceptional expenses of: (e.g. unusual medical expenses)

Description	Amount	
	\$	<input style="width: 100px;" type="text"/>
	\$	<input style="width: 100px;" type="text"/>
Total of exceptional expenses		\$ <input style="width: 100px;" type="text"/> B
TOTAL: A (\$ <input style="width: 100px;" type="text"/>) - B (\$ <input style="width: 100px;" type="text"/>) =		\$ <input style="width: 100px;" type="text"/>

OFFICE USE ONLY – National Council of Welfare Low-Income Guideline \$

I understand that if I do not attend the hearing for any valid legal reason, and have not cancelled my application(s) at least two full days in advance of the hearing, I will no longer be eligible for a fee waiver relative to this dispute and future *Applications for Arbitration*. **I declare that the information I have provided above is true. I am aware that it is against the law to make a false declaration.**

Applicant's Signature: _____
Date: _____

Approved Not Approved

 Information Officer
 File # _____
 Cashier Transaction No. _____
 Cashier's Initials _____