

# **CERTIFICATE OF INDIGENT STATUS AND APPLICATION FOR FEE WAIVER**

**Full Name:**

**Address:**

**Contact Number:**

**Date of Birth:**

**Identification Number / ID Presented:**

**Reason for Application for Fee Waiver:**

**Number of Household Members:**

**Total Monthly Household Income:**

**Statement of Indigency (please explain your financial situation):**

**Applicant's Signature:**

**Date:**

**Certification by Barangay or Social Welfare Officer**

**Name of Certifying Officer:**

**Position/Title:**

**Date of Certification:**

**Signature:**