

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):

Applicantâ€™s Signature:

Date:

Certification by Barangay or Social Welfare Officer

Name of Certifying Officer:

Position/Title:

Date of Certification:

Signature: