

WAIVER OF FILING FEE REQUEST FORM

In accordance with § 54.1-2354.4(B) of the Code of Virginia, the Common Interest Community Board (Board) may, for good cause shown, waive or refund the filing fee upon a finding that payment of the filing fee will cause undue financial hardship for the complainant.

A completed *Waiver of Filing Fee Request Form*, along with supporting documentation that provides proof of income, must be submitted with the *Notice of Final Adverse Decision* form. If a waiver is requested, the Common Interest Community Ombudsman will not review the *Notice of Final Adverse Decision* form until the waiver has been granted or the complainant has submitted a filing fee of \$25.

Documentation that provides proof of income may include the following:

- Recent tax return form;
- W-2 Form; or
- Letter from an employer, welfare officer, case worker, or Social Security Administration office indicating annual income. Such letter must be on agency/company letterhead and must include the verifier's signature and contact phone number for verification purposes.

It is the policy of the Board that the U.S. Department of Health & Human Services (HHS) Poverty Guidelines will be used by the Board to establish the threshold for whether a filing fee will be waived or refunded as a result of financial hardship. The Poverty Guidelines for the most recent or current, whichever is applicable, calendar year will be used. The HHS Poverty Guidelines can be found at <https://www.aspe.hhs.gov/>.

The Board has authorized Department staff to review filing fee waiver requests on behalf of the Board, and to approve a waiver or refund of the filing fee if proof of income submitted is at or below the then-current HHS Poverty Guidelines. Staff may request additional information as needed in order to ensure compliance with this policy. Should staff be unable to satisfactorily affirm that the proof of income submitted complies with this policy, the request for waiver or refund will not be approved. The individual requesting a waiver or refund, or staff, may request that the Board consider the request for waiver or refund in the event that the supporting documentation is not sufficient or a determination cannot be reasonably made based on the information submitted.

If a waiver is requested, the Common Interest Community Ombudsman will not review the *Notice of Final Adverse Decision* until the waiver has been granted or the complainant has submitted a filing fee of \$25.

Please submit a completed *Waiver of Filing Fee Request Form* along with the completed *Notice of Final Adverse Decision* to:

Department of Professional and Occupational Regulation
Office of the Common Interest Community Ombudsman
9960 Mayland Drive, Suite 400
Richmond, VA 23233-1485



Office Use Only
<input type="checkbox"/> Approved by CIC Board
<input type="checkbox"/> Not Approved by CIC
Date _____

Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, VA 23233-1485
cicombudsman@dpor.virginia.gov
www.dpor.virginia.gov

**Office of the Common Interest Community Ombudsman
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NOTE: *The Department cannot guarantee anonymity. By law, all requests for a waiver of filing fees received by the Department are subject to public disclosure once a case is closed.*

SECTION I - REQUESTER INFORMATION

Name of Requester _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Email _____

SECTION II - REASON FOR REQUEST

Please use this area to provide an explanation why paying the \$25 filing fee would cause you undue financial hardship:

SECTION III - SUPPORTING DOCUMENTS

To process this request, supporting documentation is needed to show proof of income. Which of the following documents are included with this request? (A minimum of one of the following is required.)

- Recent Tax Return Form, Letter from an employer, welfare officer, case worker, or Social Security Administration office indicating annual income. Such letter must be on agency/company letterhead and must include the verifier's signature and contact phone number for verification purposes.
- W-2 Form;

SECTION IV - SIGNATURE

I understand the Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. The Request for Waiver of Filing Fee may be submitted in lieu of the filing fee, but this will delay review of my Notice of Final Adverse Decision and there is no guarantee that I will be granted the waiver.

Signature _____ Date _____