



Freedom of Information Act Fee Waiver Form (Indigency)

Connecticut Lottery Corporation

I, _____, of _____, Connecticut, request a fee waiver on the basis of indigency, for the reason(s) checked below:

I currently receive public assistance, which includes: state-administered general assistance; temporary family assistance; aid to the aged, blind, and disabled; supplemental nutrition assistance; or Supplemental Security Income; or

my current household income after taxes, mandatory wage deductions and child care expenses is one hundred twenty-five percent (125%) or less of the current federal poverty guidelines* published in the Federal Register.

I understand that the Connecticut Lottery Corporation is relying on my statements above, and I certify that they are true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Subscribed and sworn to before me on this _____ day of _____, 202__.

Notary Public
My Commission Expires:

*2024 Federal Poverty Guidelines

Persons in Family/Household	Poverty Guideline (Annual Income)
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

For families/households with more than 8 persons, add \$5,380 for each additional person.

* Note that Hawaii and Alaska use different guidelines.