



**Freedom of Information Act
Fee Waiver Form (Indigency)**

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 childcare 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:

***2025 Federal Poverty Guidelines**

Persons in Family/Household	Poverty Guideline (Annual Income)
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

For families/households with more than 8 persons, add \$5,500 for each additional person.

* Note that Hawaii and Alaska use different guidelines.