

P A R E N T E D U C A T I O N C L A S S

F E E W A I V E R / R E D U C T I O N F O R M

(Must have or plan to file a Court case in Multnomah County)

Today's Date 05/27/20 **Case Number** 19DR20509 **In Mult. Co?** Y N

Last Name Lee **First** Tania **M.I.** _____

Address 4124 SE Long St **City** Portland **State** OR **Zip** 97202

Phones: Cell 971-288-8082 **Home/Message** _____

Email lee.tania@gmail.com

Source of Income (Monthly)	Gross Income of Applicant (Before Taxes)	Gross Income of Others Living & Sharing Expenses with Applicant
Wages	\$ <u>0</u>	\$ <u>2600</u>
Disability	\$ <u>0</u>	\$ <u>0</u>
Social Security	\$ <u>0</u>	\$ <u>0</u>
TANF	\$ <u>0</u>	\$ <u>0</u>
Food Stamps	\$ <u>0</u>	\$ <u>0</u>
Unemployment		\$ <u>0</u>
Compensation	\$ <u>0</u>	\$ _____
Workers Comp.	\$ <u>0</u>	\$ <u>0</u>
Child or Spousal		
Support Regularly	\$ <u>0</u>	\$ <u>0</u>
Received	\$ _____	\$ _____
Totals	\$ <u>0</u>	\$ _____
Total Both Columns	\$ <u>2600</u>	
Less Day Care Expenses	\$ <u>0</u>	
=	\$ <u>2600</u>	

Number of people in my household living on this income (required): 4

I attest that this is true & I hereby apply for a waiver:

(Signed)  (Date) 05/27/20

Agency Use:
 Client does NOT qualify for a fee waiver _____
 Client qualifies for Waiver (\$0) _____ Reduced Fee \$ _____ Initials _____