



**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:

***2026 Federal Poverty Guidelines**

Persons in Family/Household	Poverty Guideline (Annual Income)
1	\$15,960
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720

For families/households with more than 8 persons, add \$5,680 for each additional person.

* Note that Hawaii and Alaska use different guidelines.