RazomUS, Некомерційна корпорація
PO BOX 820, Pineville, NC 282134
Phone: 980-310-7502
E-mail: RazomUS@yahoo.com

Request for Fee Waiver or Reduction

Client Information:

- Name: _____
- Address: _____
- City, State, ZIP Code: _____
- Email: _____
- Phone Number: _____

Reason for Request:

- **Please indicate the reason for your request (check all that apply):**
  - ☐ Financial hardship
  - ☐ Income below federal poverty guidelines
  - ☐ Unemployment
  - ☐ Other (please specify): _____

Statement of Financial Hardship:

I, _____ (client name), hereby request a waiver or reduction of fees for the immigration services provided by RazomUS. Due to my current financial situation, I am unable to afford the full cost of these services. My income is below the federal poverty guidelines, as demonstrated by the attached documentation.

I understand that RazomUS may grant a fee waiver or reduction based on financial hardship and request that my situation be considered accordingly. I certify that the information provided is true and accurate to the best of my knowledge.

I can pay _____dollars USA

For Office Use Only:

Resolution:

After reviewing the documentation and the request from the above-named client, RazomUS has decided to:

- ☐ Approve the request for a full waiver of fees
- ☐ Approve the request for a partial waiver of fees
- ☐ Deny the request for a waiver of fees

Comments:

_____

__

Authorized Person: _____
Title: _____
Date: _____