



NORTH CAROLINA
DIVISION OF MOTOR VEHICLES

**AFFIDAVIT OF INDIGENCE
REQUEST TO WAIVE AN ADMINISTRATIVE HEARING FEE**

If you believe you are unable to afford an administrative hearing, complete this form to have the Division of Motor Vehicles (“Division”) determine whether you are eligible for a waiver of the hearing fee.

For a hearing request to be valid you must: (1) complete a hearing request; (2) complete this affidavit, including signing and affirming before a notary; and (3) send all of these documents as provided for in Section 4 below.

SECTION 1 - APPLICANT INFORMATION

Last Name		First		Middle	
Mailing Address					
City		State		ZIP	
Phone		E-mail Address			
SSN:					

SECTION 2 – HOUSEHOLD SIZE AND INCOME INFORMATION

2.1 How many persons are in your household? ▶ _____

Note: Household size includes you, your spouse, and your children if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you affirm your household size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.

2.2 What is your household income during the last 12 months? ▶ _____

Note: Household income includes but is not limited to: income from employment or self-employment (salaries, wages, commissions, bonuses, dividends, severance pay, etc.); ownership or operation of a business, partnership, or corporation; rental of property; retirement or pensions; interest, trusts, or annuities; capital gains; social security benefits; workers compensation benefits; unemployment insurance benefits; disability pay and insurance benefits; gifts or prizes; and alimony.

SECTION 3 – AUTHORIZATION AND CERTIFICATION

Under penalty of perjury, I declare that the information provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge, and that I am financially unable to pay for an administrative hearing. I understand that a false or dishonest answer made under oath or affirmation concerning my financial status could lead to prosecution for perjury, which is a felony. I further understand that I may be subject to civil penalties including revocation of my driver’s license.

I further authorize the release of financial information to the Division to allow it to verify eligibility of a waiver of administrative hearing fees. This release includes employers and any governmental agencies, including the Internal Revenue Service (IRS), the North Carolina Department of Revenue, and any other entities that could aid the Division in determining eligibility.

Printed Name _____

Signature _____ Date _____

State of _____

County of _____

Affirmed to and subscribed before me this _____ day of _____, 20 ____.

Signature of Notary Public

(Official Seal)

_____, Notary Public
(Printed or typed name)

My commission expires: _____

SECTION 4 - WHERE TO SEND THIS FORM AND OTHER DOCUMENTS

You may mail, fax, or deliver this form and in any accompanying documentation to the Division as follows:

Liability Insurance - Lapse in Financial Responsibility	All Other Hearings
<p>Mailing Address: Liability Insurance Unit Attn: Affidavit Waiver Program 3147 Mail Service Center Raleigh, N.C. 27697-3147</p> <p>Fax: (919) 733-6949</p> <p>Physical Address: 1100 New Bern Avenue Raleigh, N.C. 27697</p>	<p>Mailing Address: Administrative Support Unit Attn: Affidavit Waiver Program 3118 Mail Service Center Raleigh, N.C. 27697-3118</p> <p>Fax: (919) 715-0132</p> <p>Physical Address: 1100 New Bern Avenue Raleigh, N.C. 27697</p>

SECTION 5 - THE NEXT STEPS

After the Division receives your application, it will review whether you are eligible for a waiver of the administrative hearing fee. Your eligibility is based upon the number of persons in your household, your household income, and the most recent released Federal Poverty Level Guidelines. After the Division reviews your application, it will do one of the following:

1. Determine that you are eligible for a waiver of the administrative hearing fee, schedule a hearing, and mail the notice of hearing to the address on file.
 2. Determine that you need to provide the Division additional documentation to assess your eligibility for a waiver of the administrative hearing fee. The Division will notify you what additional information is required, and you will have 10 calendar days to comply with the Division's request for additional documentation. If you fail to provide the documentation, your request for an administrative hearing will be withdrawn.
 3. Determine that you not eligible for a waiver of the administrative hearing fee. The Division will then notify you that you have 10 calendar days to pay the full amount of the hearing fee to proceed with your request for an administrative hearing. If you fail to provide the documentation, your request for an administrative hearing will be withdrawn.
 4. Determine that you did not complete this form or did not otherwise provide the requested information. Your request for an administrative hearing will be immediately withdrawn.
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