



APPLICATION FOR FINANCIAL HARDSHIP WAIVER

TRANSIT ADJUDICATION BUREAU
29 GALLATIN PLACE, 3RD FLOOR
BROOKLYN, NEW YORK 11201
(347) 643-5805

For Internal Use
Only

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**USE THIS APPLICATION TO ASK FOR A WAIVER OF PAYMENT TO REQUEST AN APPEAL.
EVEN IF THIS APPLICATION IS GRANTED, ALL FINES WILL CONTINUE TO ACCRUE PENALTIES AND
INTEREST AND YOU ARE STILL RESPONSIBLE FOR PAYMENT.**

Instructions: Complete this Application for Financial Hardship Waiver and attach all required documentation and the completed Notice of Appeal form so that all documents are received at TAB within thirty (30) days of the date of the Decision and Order. Applications received after thirty (30) days and/or without the required documentation will not be considered. If this Application is denied, you must make a payment and complete a new Notice of Appeal so that both are received by TAB within thirty (30) days of the date of the Decision and Order in order to eligible for an appeal.

NOV#: _____ Today's Date: _____

Respondent Name: _____
First
Middle
Last

Date of Birth: _____ SS#: _____

Mailing Address: _____

Telephone: _____
Home
Mobile
Work

Employer: _____ Employer Telephone: _____

Employer Address: _____

Annual Income: _____ Source of Income: _____

Required Documentation: You must submit a copy of one of the following documents as proof of financial hardship-

- a. Proof of Income: Most recent tax return or three months of recent pay stubs showing annual income is at or below 150% of the Federal Poverty Level Guidelines by family size; OR
- b. Proof of Public Assistance: Medicaid, Supplemental Nutrition Assistance Program (SNAP), etc.

I certify under penalty of perjury that, to the best of my knowledge, all information I included on this form and in any attachments is true and accurate. I understand that I am responsible for all amounts due and that penalties/interest will continue to accrue even if this application is granted.

Print Name

Signature