

# REGISTRATION FEE WAIVER APPLICATION

## CHICAGO POLICE DEPARTMENT

### Bureau of Detectives/Criminal Registration Unit

**Eligibility Criteria**

Individuals are eligible for a fee waiver if they meet one or more of the following criteria:

1. Can provide at least one of the following:
  - Illinois Medicaid Card (HealthChoice IL)
  - HFS Medical Assistance Enrollment
  - Proof of IDHS Benefits (recent mail, printout or LINK Card): EBT, SNAP, Cash Assistance, TANF, etc.
  - CountyCare Card (133% of the Federal Poverty Level)
  - Federal Court Fee Waiver Petition
  - Secretary of State Homelessness Verification Form
  
2. Have a household income at or below 30% of the [Area Median Income](#):
  - Acceptable proof of income includes pay stubs, tax documents, social security letter, or other official proof issued by an employer or government entity.

Household Size	30% of AMI (Annual)	30% of AMI (Monthly)
1	\$21,900	\$1,825
2	\$25,000	\$2,084
3	\$28,150	\$2,346
4	\$31,250	\$2,604
5	\$33,750	\$2,813
6	\$36,250	\$3,021
7	\$38,750	\$3,229
8	\$41,250	\$3,438

**Name (Print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Criminal Registration Number (CRN):** \_\_\_\_\_

**Internal Registration Number (IR):** \_\_\_\_\_

**Instructions:** Please answer every question. If the answer is “none” or “not applicable (N/A),” write that response. Wherever a box is included, place an “X” in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such

question by number and provide the additional information. Please print all your answers. Please include any documentation that you may have to support this request.

**Application:** I, \_\_\_\_\_, declare that I am the registrant indicated above. This affidavit constitutes my application to waive my required registration fee. I declare that I meet the above criteria and am eligible to receive a fee waiver. In support of my application, I will answer the following questions under penalty of perjury. I further understand that in answering the following questions, if I knowingly or willfully give material information required by the statute that is false, I may be guilty of a Class 3 Felony (Sex 730 ILCS 150/10, VOAY 730 ILCS 154/60, Arson 730 ILCS 148/65).

**1. Are you currently enrolled in or receiving benefits from any of the following public assistance programs listed in #1 above?**

a. Yes:

- (Please attach a photo, photocopy or printout of at least one of the forms of proof listed above)

b. No:

**2. If you answered "No" to the above, do you meet the income criteria laid out in #2 above? Skip this question if you answered "Yes" to Question #1.**

a. Yes:

- How many people are in your household? \_\_\_\_\_
- What is your household income? \_\_\_\_\_
- The income listed above is (circle one): Annual          Monthly
- Please attach proof of income (pay stubs, social security, tax documents or otherwise)

b. No:

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_