



Freedom of Information Act Fee Waiver Form (Indigency)

Connecticut Lottery Corporation

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 child care 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:

*2021 Federal Poverty Guidelines

Persons in family/household	Poverty guideline
1	\$12,880
2	17,420
3	21,960
4	26,500
5	31,040
6	35,580
7	40,120
8	44,660

For families/households with more than 8 persons, add \$4,540 for each additional person.

Note that Hawaii and Alaska use different guidelines.