



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:

*2023 Federal Poverty Guidelines

Persons in family/household	Poverty guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person.

* Note that Hawaii and Alaska use different guidelines.