

# Application Fee Waiver Form

## INSTRUCTIONS

**Application Fee Waiver Form:** A.R.S. § 41-1080.01 provides a waiver of initial application fees for qualified applicants.

To qualify, an applicant's income shall not exceed 200% of the federal poverty guidelines. If you believe that you qualify for the waiver, complete the application fee waiver form along with your license application and provide the required documents.

### **Waiver Requirements**

1. The applicant must complete and submit:
  - The application fee waiver form signed by the applicant and spouse, if applicable.
  - Provide required financial document(s).

### **Special Instructions**

- The applicant must complete all applicable fields on the application fee waiver form. Incomplete application fee waiver forms will be denied.
- The application fee waiver form, completed application with all supportive documents, and financial document(s) have to be submitted together. Failure to submit all documents at the same time will result in the waiver being denied.
- If married and not legally separated, the application fee waiver form must be signed by the applicant and spouse. Application fee waiver forms not signed by both parties will be denied.
- All fees are non-refundable.

### **Financial Documents**

To determine eligibility, the applicant seeking the waiver, must provide the financial document(s) consistent with your status, as listed below.

1. **Has income and regularly files federal tax return**
  - Single – must provide copy of most recent federal tax return.
  - Married Filing Joint – must provide copy of most recent federal tax return.
  - Married Filing Separate – must provide copies of applicant's and spouse's most recent federal tax return.
  - Married Filing Separate and legally separated - must provide copies of applicant's most recent federal tax return and a copy of the court order demonstrating legal separation.
2. **Has income but does not regularly file federal tax return**
  - Single – must provide copies of most recent W2 and/or 1099.
  - Married - must provide copies of applicant and spouse most recent W2 and/or 1099.
  - Married and legally separated - must provide copies of applicant most recent W2 and/or 1099 and a copy of the court order demonstrating legal separation.
3. **Has no income and does not regularly file federal tax return**
  - Single – provide application fee waiver form.
  - Married - provide application fee waiver form.
  - Married and legally separated - provide application fee waiver form and a copy of court order demonstrating legal separation.



**Arizona State Board of Pharmacy**  
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# Application Fee Waiver Form

## APPLICANT INFORMATION

\_\_\_\_\_ Date

**ALL FIELDS ARE REQUIRED**

\_\_\_\_\_ Legal Name (Last, first, middle initial)

\_\_\_\_\_ Social Security #

\_\_\_\_\_ Other Legal Name (Last, first, middle initial) (Maiden)

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, ZIP Code

\_\_\_\_\_ Primary Phone Number | Other Phone Number

\_\_\_\_\_ Email Address

### Marital Status

- Single
- Married
- Legally Separated
- Divorced
- Widowed

### Filing Status

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualified Widow with Dependents

### Document(s) Submitted With Waiver Form

- Applicant's Federal Tax Return
- Applicant's W2
- Applicant's 1099
- Spouse's Federal Tax Return
- Spouse's W2
- Spouse's 1099

**Total Annual Gross Income:** \_\_\_\_\_ **Year of Total Annual Gross Income:** \_\_\_\_\_ **Family Size:** \_\_\_\_\_

\_\_\_\_\_ Spouse Legal Name (Last, first, middle initial)

\_\_\_\_\_ Spouse Social Security #

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, ZIP Code

\_\_\_\_\_ Primary Phone Number | Other Phone Number

\_\_\_\_\_ Email Address

**EMPLOYMENT HISTORY OF MOST RECENT 2 EMPLOYERS (APPLICANT)**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Working Title

\_\_\_\_\_  
Supervisor's Telephone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Annual Salary

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Working Title

\_\_\_\_\_  
Supervisor's Telephone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Annual Salary

**EMPLOYMENT HISTORY OF MOST RECENT 2 EMPLOYERS (SPOUSE – IF APPLICABLE)**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Working Title

\_\_\_\_\_  
Supervisor's Telephone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Annual Salary

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Working Title

\_\_\_\_\_  
Supervisor's Telephone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Annual Salary

## VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**For Administrative Use Only:**

\_\_\_\_\_  
Approved / Denied

\_\_\_\_\_  
Date Reviewed / Initials