



Waiver of 25% contribution fee due to owner's annual income within 200% of official poverty line defined by the U.S. Department of Health and Human Services

**AFFIDAVIT**

STATE OF MISSOURI )  
 )  
COUNTY/CITY OF )  
\_\_\_\_\_ )

\_\_\_\_\_ (name), first being duly sworn, on his/her oath states:

1. I am the owner/landlord of \_\_\_\_\_ (address of home being assisted). For the year of \_\_\_\_\_ (year), my income was at or below two hundred percent (200%) of the official poverty guidelines as defined by U.S. Department of Health and Human Services.
2. Due to my income falling at or below two hundred percent (200%) of the official poverty guidelines, I qualify for a waiver of the twenty five percent (25%) cash contribution to the \_\_\_\_\_ (local Weatherization Assistance Program (WAP) Subgrantee) for the weatherization at \_\_\_\_\_ (address of home being assisted).

I certify under penalty of perjury that the foregoing is true and correct.

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

\_\_\_\_\_ (signature of affiant)

Subscribed and sworn to before me this day of \_\_\_\_\_ (date), \_\_\_\_\_ (year).

SEAL \_\_\_\_\_ (official signature)  
Notary Public

My commission expires: \_\_\_\_\_  
(Date)