

CERTIFICATION

I hereby certify that:

- **The information contained within this application is true and correct.**
- **I have not previously received an initial licensing fee waiver from the WV Board of Hearing Aid Dealers, and;**
- **I have not previously held a license to practice my profession in West Virginia**

Printed Name: _____

Original Signature: _____ **Date:** _____

All correspondence regarding this application will be via the email address provided.

SUBMIT THIS WAIVER APPLICATION & REQUIRED DOCUMENTS WITH YOUR LICENSE APPLICATION.

2020 FEDERAL POVERTY GUIDELINES FOR 48 CONTIGUOUS STATES AND DC

Household/Family Size	100%	130%
1	\$12,760.00	\$16,588.00
2	\$17,240.00	\$22,412.00
3	\$21,720.00	\$28,236.00
4	\$26,200.00	\$34,060.00
5	\$30,680.00	\$39,884.00
6	\$35,160.00	\$45,708.00
7	\$39,640.00	\$51,532.00
8	\$44,120.00	\$57,356.00

For families/households with more than 8 persons, add \$4,480.00 for each additional person.