



NORTH CAROLINA
DIVISION OF MOTOR VEHICLES

AFFIDAVIT REQUEST TO WAIVE AN ADMINISTRATIVE HEARING FEE

If you believe you are unable to afford an administrative hearing, complete this form to have the Division of Motor Vehicles ("Division") determine whether you are eligible for a waiver of the hearing fee.

THIS AFFIDAVIT IS VALID AS OF JANUARY 11, 2023.

For a hearing request to be valid you must: (1) complete a Hearing Request form; (2) complete this Affidavit, including signing and affirming before a notary; (3) attach ALL required income verification documents shown in Section 4 and (4) send these documents as instructed in Section 6.

SECTION 1 - APPLICANT INFORMATION

Last Name		First		Middle	
Mailing Address					
City		State		ZIP	
Phone		E-mail Address			
SSN:				DOB	

SECTION 2 – HOUSEHOLD SIZE AND INCOME INFORMATION

2.1 Total number of persons in your household?

▶ _____

Note: Household size includes you, your spouse, and your children if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you affirm your household size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.

2.2 What is your total household income from the prior tax year?

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What is your total household monthly income, currently?

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Note: Household income includes but is not limited to: income from employment or self-employment (salaries, wages, commissions, bonuses, dividends, severance pay, etc.); ownership or operation of a business, partnership, or corporation; rental of property; retirement or pensions; interest, trusts, or annuities; capital gains; social security benefits; workers compensation benefits; unemployment insurance benefits; disability pay and insurance benefits; gifts or prizes; and alimony.

SECTION 3 – FEDERAL INCOME TAX RETURN STATUS

Remember that household income includes but is not limited to: income from employment or self-employment (salaries, wages, commissions, bonuses, dividends, severance pay, etc.); ownership or operation of a business, partnership, or corporation; rental of property; retirement or pensions; interest, trusts, or annuities; capital gains; social security benefits; workers compensation benefits; unemployment insurance benefits; disability pay and insurance benefits; gifts or prizes; and alimony.

3.1	If you have filed a federal income tax return for either of the past two tax years, attach documents as described in Section 4.1 or 4.2.
3.2	If you have not filed a federal income tax return for either of the past two years, and you have you earned or received any household income, attach documents as described in Section 4.2.
3.3	If you have no household income in the past calendar year, proceed to Section 4.3.

SECTION 4 – INCOME VERIFICATION DOCUMENTS

Please review the methods of proving income below. Once you collect the documents, check the box to indicate that you have collected all the documents requested and that you have included them in your submission to the Division.

4.1	<p>Provide your most recent federal income tax return (first two pages). You must also include the federal income tax return (first two pages) of your spouse if you filed “married but filing separately.”</p> <p>► <input type="checkbox"/> I have included the first two pages of my most recent federal tax return, and I have included my spouse’s first two pages of their federal tax return because I filed married but filing separately.</p>
4.2	<p>If you have not filed a federal income tax return for either of the past two tax years, you must provide documentation of all household income you and your spouse (if applicable) receive.</p> <p>You must provide at least one piece of documentation for each source of household income. Acceptable forms of income include:</p> <ul style="list-style-type: none">▪ pay stubs (for the past month)▪ letter from your employer containing your income by month or year▪ W-2▪ 1099▪ interest or bank statements▪ documents from the Division of Employment Security <p>If you claimed that anyone is in your household (Section 2.1 and Section 2.2 above), for each person claimed you must provide the person’s full name, birth date, and describe the person’s relationship to you.</p> <p>► <input type="checkbox"/> I have included at least one piece of documentation for each source of household income, and for each person in my household I have included: (1) how the person is related to me; (2) their full name; and (3) birth date.</p>

4.3	<p>If you have no household income, you must still provide documentation. You may either provide a sworn or affirmed statement from the person who has provided support and maintenance to you over the last calendar year, or you may provide supporting documentation that you are supporting yourself primarily through government assistance.</p> <p>▶ <input type="checkbox"/> I have included a sworn or affirmed statement from the person providing for my support.</p> <p>▶ <input type="checkbox"/> I have included supporting documentation that I am primarily supporting myself through government assistance.</p> <p>▶ <input type="checkbox"/> Description of Document being sent (please explain) _____</p> <p>_____.</p>
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SECTION 5 – AUTHORIZATION AND CERTIFICATION

Under penalty of perjury, I declare that the information provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge, and that I am financially unable to pay for an administrative hearing. I understand that a false or dishonest answer made under oath or affirmation concerning my financial status could lead to prosecution for perjury, which is a felony. I further understand that I may be subject to civil penalties including revocation of my driver's license.

I further authorize the release of financial information to the Division to allow it to verify eligibility of a waiver of administrative hearing fees. This release includes employers and any governmental agencies, including the Internal Revenue Service (IRS), the North Carolina Department of Revenue, and any other entities that could aid the Division in determining eligibility.

Printed Name _____	
Signature _____	Date _____
State of _____	
County of _____	
Affirmed to and subscribed before me this _____ day of _____, 20 ____.	
_____ Public	_____ Signature of Notary
(Official Seal)	_____, Notary Public (Printed or typed name)
My commission expires: _____	

This form **may not** be notarized by an employee of the DMV.

SECTION 6 - WHERE TO SEND THIS FORM AND OTHER DOCUMENTS

You may mail or fax deliver this form and any accompanying documentation to the Division as follows:

Mailing Address:
Administrative Support Unit
3118 Mail Service Center
Raleigh, NC 27697-3118

Fax:
(919) 715-0132

SECTION 7 - THE NEXT STEPS

After the Division receives your Hearing Request, completed Affidavit of Indigence and required income or benefit verification documents, it will be reviewed to determine if you are eligible for a waiver of the administrative hearing fee. Your eligibility is based upon the number of persons in your household, your household income, and the most recent released Federal Poverty Level Guidelines. After the Division reviews your application and required income verification documents, it will do one of the following:

1. Determine that you are eligible for a waiver of the administrative hearing fee, schedule a hearing, and mail the notice of hearing to the address identified on this Affidavit.
2. Determine that you need to provide the Division additional documentation to assess your eligibility for a waiver of the administrative hearing fee. The Division will notify you what additional information is required, and you will have 10 calendar days to comply with the Division's request for additional documentation. If you fail to provide the documentation, your request for an administrative hearing will be withdrawn.
3. Determine that you are not eligible for a waiver of the administrative hearing fee. The Division will then notify you that you have 10 calendar days to pay the full amount of the hearing fee to proceed with your request for an administrative hearing. If you fail to provide the required fee, your request for an administrative hearing will be withdrawn.
4. Determine that you did not complete this form or did not otherwise provide the requested information. Therefore, request for an administrative hearing will be immediately withdrawn.