

REGISTRATION FEE WAIVER APPLICATION
CHICAGO POLICE DEPARTMENT
Bureau of Detectives/Criminal Registration Section

Registrant Name (Print) _____

Criminal Registration Number (CRN): _____

Internal Registration Number (IR): _____

Registrant Date of Birth: _____

Instructions: Please answer every question. Do not leave any blanks. If the answer is “none” or “not applicable (N/A),” write that response. Wherever a box is included, place an X in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type all your answers. Please include any documentation that you may have to support this request.

Application: I, _____, declare that I am the registrant indicated above. This affidavit constitutes my application to waive my required registration fee. I declare that I am indigent AND unable to pay the required fee. In support of my application, I answer the following questions under penalty of perjury. I further understand that in answering the following questions if I knowing or willfully give material information required by the statute that is false, I may be guilty of a class three felony (Sex 730 ILCS 150/10; VOAY 730 ILCS 154/60, Arson 730 ILCS 148/65).

1. Are you currently employed? Yes No

a. If the answer is “Yes,” state your:
Monthly salary or wages: _____
Name, address and telephone number of employer:

b. If the answer is “no”, state your:
Beginning and ending dates of last employment: _____
Last monthly salary or wages: _____
Name, address and telephone number of last employer:

Please attach documentation that may verify your response.

2. Are you married? Yes No

If the answer is “Yes,” is your spouse currently employed? Yes No
Spouse’s *monthly* salary or wages: _____
Name, address and telephone number of spouse’s employer:

Please attach documentation that may verify your response.

3. In addition to your income stated above in response to Question 2 (which you should not repeat here), have *you or anyone else living at the same residence* received more than \$200 in the past twelve months from any of the following sources? Mark an X next to “Yes” or “No” in each of the categories a. through g, check all boxes that apply in each category, and fill in the twelve-month total in each category.

- a. Salary or wages Yes No
 Amount: _____ Received by: _____
- b. Business, profession or other self-employment Yes No
 Amount: _____ Received by: _____
- c. Rental income, interest or dividends Yes No
 Amount: _____ Received by: _____
- d. Pensions, social security, annuities, life insurance, disability, workers’ compensation, alimony or maintenance or child support Yes No
 Amount: _____ Received by: _____
- e. Gifts or inheritances Yes No
 Amount: _____ Received by: _____
- f. Unemployment, welfare or any other public assistance Yes No
 Amount: _____ Received by: _____
- g. Any other sources (describe source : _____) Yes No
 Amount: _____ Received by: _____

Please attach documentation that may verify your response.

4. Do *you or anyone else living at the same residence* have more than \$200 in cash or checking, money market or savings accounts? Yes No
 Total amount: _____
 In whose name held: _____ Relationship to you: _____
 Telephone number: _____
 Please attach documentation that may verify your response.

5. Do *you or anyone else living at the same residence* own any stocks, bonds, securities or other financial instruments? Yes No
 Property: _____ Current value: _____
 In whose name held: _____ Relationship to you: _____
 Telephone number: _____

6. Are you or anyone else responsible for payment of rent for your residence? Yes No
 List the name and telephone number of person paying rent _____
 List monthly rent. _____ List each person and telephone number of each person on the lease. _____

 List each person and telephone number for each person residing in the residence that is not on the lease. _____

 List the name, address, and telephone number of the landlord.

 Please attach documentation that may verify your response.

7. Do you or anyone else living at the same residence own any automobiles? Yes No
 Year, make and model: _____
 Current value: _____ Equity: _____ (Equity is the difference between what the automobile is worth and the amount you owe on it.)
 Amount of monthly loan payments: _____
 In whose name held: _____ Relationship to you: _____
 Name of person making payments: _____
 Please attach documentation that may verify your response.

8. Do you or anyone else living at the same residence own any boats, trailers, mobile homes or other items of personal property with a current market value of more than \$500?
 Yes No
 Property: _____
 Current value: _____ Equity: _____ (Equity is the difference between what the property is worth and the amount you owe on it.)
 Amount of monthly loan payments: _____
 In whose name held: _____ Relationship to you: _____
 Telephone number: _____ Name of person making payments: _____

 Please attach documentation that may verify your response.

9. List the persons *who live with you* who are dependent on you for support. State your relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. Include a telephone number for each person listed. If none, check here: None.

 Please attach documentation that may verify your response.

10. List the persons *who live with you* who you are dependent on for support. State your relationship to each person and state whether they are entirely responsible for your support or the specific monthly amount each contribute to your support. Include a telephone number for each person listed. If none, check here: None.

Please attach documentation that may verify your response.

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11. List the persons *who do not live with you* who are dependent on you for support. State your relationship to each person and state how much you contribute monthly to his or her support. List a telephone number for each person. If none, check here: None.

Please attach documentation that may verify your response.

12. List the persons *who do not live with you* who you are dependent on for support. State your relationship to each person and state how much each contribute monthly to your support. Include name, address, and telephone number of each person listed. If none, check here: None.

13. List the dates and actions you have taken to secure your registration fee.

Please attach documentation that may verify your response.

14. List all internet sites maintained. _____
List the name, address, and telephone number of person paying internet bill.

List the monthly cost of internet bill. _____

Please attach documentation that may verify your response.

15. List all landline telephone numbers utilized.

List the name, address, and telephone number of person paying the telephone bill.

List the monthly cost of each landline telephone bill.

Please attach documentation that may verify your response.

16. List all cellular telephone numbers utilized.

List the name, address, and telephone number of the person paying internet bill.

List the monthly cost of each cellular telephone bill.

Please attach documentation that may verify your response.

I declare under penalty of perjury that the above information is true and correct. I understand that any person who is required to register under the appropriate statute who knowingly or willfully gives material information required by the statute that is false is guilty of a class three felony (Sex 730 ILCS 150/10; VOAY 730 ILCS 154/60, Arson 730 ILCS 148/65).

Date: _____

Signature of Applicant: _____

Print Name: _____