

Request for Fee Waiver

Date: [Insert Date]

To: [Social Service Agency Name]

Address: [Agency Address]

Dear [Agency Representative's Name],

I am writing to formally request a fee waiver for [specific service/program] provided by your agency. Due to unforeseen financial hardships, I am currently unable to afford the fees associated with this service.

As a result of [briefly explain the circumstances contributing to financial hardship, e.g., job loss, medical expenses, etc.], my current financial situation has become increasingly challenging. I have attached documentation that outlines my current income and expenses, which I hope will help illustrate my need for assistance.

I genuinely believe that [specific service/program] is essential for my well-being and would greatly appreciate your consideration of my request for a fee waiver based on my financial situation.

Thank you for your understanding and support. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]