

# Notice of Change in Circumstances Affecting Fee Waiver

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of a change in your circumstances that may affect your eligibility for the fee waiver provided by our social service agency.

Effective [Insert Effective Date], we have received information that [briefly describe the change, e.g., changes in income, household composition, etc.]. This change may impact your current waiver status.

Please provide us with any additional documentation regarding this change by [Insert Deadline Date] to ensure we have the most current information on your case.

If you have any questions or require further assistance, please do not hesitate to contact us at [Agency Phone Number] or [Agency Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]

[Agency Address]

[City, State, Zip Code]