

Request for Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Social Service Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Agency Director/Office],

I hope this letter finds you well. I am writing to formally request a waiver for the fees associated with the services provided by [Agency Name] due to my family's low-income status.

As a [briefly describe your situation, e.g., single parent, unemployed, etc.], my family is currently facing financial difficulties that make it challenging to afford these necessary services. [Add any additional context that supports your request such as current job status, number of dependents, etc.].

We are committed to improving our situation and believe that access to your services would greatly assist us in this endeavor. I have attached relevant documentation to verify our financial status, including [list any documents you are providing, e.g., income statements, benefits letters, etc.].

Thank you for considering my request. I appreciate your understanding and support during this challenging time. Please feel free to contact me at [your phone number] or [your email] should you need further information.

Sincerely,

[Your Name]