

**UNIVERSITY OF NEW MEXICO SCHOOL OF LAW  
APPLICATION FEE WAIVER FORM**

Please fill out form completely and **submit with a copy of your most recent federal tax return**. Waiver requests with incomplete or omitted information may not be accepted.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City, State Zip

Are you currently a student?  Yes  No If yes, please provide the following information:  
 Undergraduate student |  Part-time | Number of credit hours \_\_\_\_\_  
 Graduate student |  Full-time | Tuition/Fees \$ \_\_\_\_\_

Name of institution \_\_\_\_\_  
 Amount of financial aid awarded to you this year (include aid from all sources including loans, grants, fellowships, scholarships, work study, etc.) \$ \_\_\_\_\_ Do you have a Pell Grant?  Yes  No

If married, is spouse a full-time student?  Yes  No Degree program \_\_\_\_\_

Are you currently working?  Yes  No If yes, occupation \_\_\_\_\_

Do you have legal dependants?  Yes  No If yes, Number of dependants \_\_\_\_\_ Ages \_\_\_\_\_

Total Earnings before taxes from all sources for you (and your spouse, if applicable) during the last 12 months	Applicant	Spouse
	\$ _____	\$ _____

Total untaxed income during the last 12 months:	Applicant	Spouse
Social Security benefits	\$ _____	\$ _____
Aid to Families with Dependent Children (AFDC or ADC)	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
Other public assistance _____	\$ _____	\$ _____

Total amount of cash available to you (and your spouse, if applicable) either on hand, or in the bank \$ \_\_\_\_\_

Total present net value of all applicant's (and spouse's, if applicable) stocks, bonds, automobiles, other property and financial interest of any kind \$ \_\_\_\_\_

Housing (Applicant and spouse, if applicable)  
 Live with parents  Yes  No If yes, monthly payment \$ \_\_\_\_\_  
 Rent  Yes  No If yes, monthly payment \$ \_\_\_\_\_  
 Own a home  Yes  No If yes, monthly mortgage payment \$ \_\_\_\_\_ current value \$ \_\_\_\_\_

Total current debt	Student Loans	Credit Cards	Other Loans	Unpaid/Medical	Total
Applicant	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Spouse, if applicable	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Parent Information (to be completed by candidate)  
 Father's (or guardian's) name \_\_\_\_\_ Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Approximate annual salary \$ \_\_\_\_\_  
 Mother's (or guardian's) name \_\_\_\_\_ Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Approximate annual salary \$ \_\_\_\_\_  
 How many children, not including yourself, do your parents support? \_\_\_\_\_

**CERTIFICATION**  
 I certify that the above information is accurate and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_