



Arkansas Appraiser Licensing and Certification Board

900 West Capitol Avenue, Suite 400
Little Rock, AR 72201
www.arkansas.gov/alcb
501-296-1843

Affidavit for
Fee Waiver

Arkansas Appraiser Licensing and Certification Board

AFFIANT NAME: _____

AFFIANT ADDRESS: _____

AFFIDAVIT FOR APPLICATION FEE WAIVER

STATE OF ARKANSAS)

COUNTY OF) _____

I, _____, meet the qualifications for the Workforce Waiver for the initial license fee because I receive benefits for the following (check all that apply):

_____ Recipient of Medicaid, SNAP, WIC, SSNP, TEA, or LAP.

_____ Received unemployment benefits within the last 12 months.

_____ Income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

I, _____, attest that the above is a true statement of my qualifications for the fee waiver and that any documentation I submit as proof of my qualification for the fee waiver is true and correct. I also understand that any fraudulent or fraudulently obtained documentation shall be grounds for denial or revocation of my license credentials.

In witness whereof, I have set my hand this _____ day of _____, 2023.

Affiant Signature _____

Print Name _____

Subscribed and sworn to before me this _____ day of _____, 2023.

Notary Public: _____

My Commission Expires: _____