

**West Virginia Board of Architects
Application for Low Income Waiver of Initial Registration Fees**

General Information

This form should be used by applicants requesting a waiver of the initial registration fees based on their annual household income, before taxes, being at or below 130% of the federal poverty guidelines prescribed for the applicant's family household size by the United States Department of Health and Human Services. This waiver only applies to individuals being registered for the first time in West Virginia, and applicants must meet all other requirements for registration in order to receive a certificate. This waiver request is subject to approval by West Virginia Board of Architects and must be submitted at the time of application for registration.

This form must be attached to your application for licensure.

Instructions

Section I – Applicant Information

- Use this form if you are applying to waive your initial registration fees based on your household income being at or below 130% of the federal poverty guidelines as set forth in WV Code § 30-1-22.
- A Social Security number is required in order to apply for a registration with the West Virginia Board of Architects.
- Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.
- Contact information is often used to quickly resolve questions regarding applications by telephone call or email.

Section II – Fee Waiver Requirement

- Complete this section in its entirety.
- To determine if you qualify for this fee waiver you may utilize the low-income calculator and/or matrix located on the Forms Page of the Board of Architects website at:
<https://brdarch.wv.gov/architects/Pages/Forms.aspx>

Section III – Affirmation by Written Declaration

- Applicant must sign the Affirmation by Written Declaration.
- If the applicant fails to sign the affirmation statement, the Board will not process the application.

Please mail your completed application to:

West Virginia Board of Architects
405 Capitol Street, Mezzanine Suite 3
Charleston, WV 25301

Questions:

Contact the Board at 304-558-1406 or email Emily.B.Papadopoulos@wv.gov

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Section I – Applicant Information

Social Security Number*: _____

Last Name: _____ First: _____ MI: _____ Suffix: _____

Birth Date (MM/DD/YYYY): _____

Gender Male: ___ Female: ___

Email Address: _____ Phone Number: _____

Alternate Email Address: _____ Alternate Phone Number: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by West Virginia Code § 30-1-6 (d) for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

Section II – Fee Waiver Requirement

I, _____ attest that my annual household income, before taxes, is at or below 130% of the federal poverty guidelines prescribed by the United States Department of Health and Human Services.

Annual Household Income: _____

Income Before Taxes: _____

Number of Dependents Claimed on Applicant's Most Recent Federal Tax Return*: _____

* If you claimed zero dependents please enter one dependent in the space provided. If you have not filed taxes or your number of dependents has changed since you last filed your taxes please enter your current number of dependents.

Section III – Affirmation By Written Declaration

I certify that I am empowered to execute this application as required by WV Code § 30-1-22. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in denial of registration, criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature: _____

Date: _____

Print Name: _____