Oklahoma Department of Consumer Credit ~ 629 NE 28th St ~ Oklahoma City, OK 73105 Ph: (405) 521-3653 Fax: (405) 521-6740 Toll-Free: (800) 448-4904 http://www.ok.gov/okdocc

LOW INCOME INDIVIDUALS

Upon presentation of satisfactory evidence that an applicant for licensure is a low-income individual, a one-time one-year waiver of fees shall be granted. A "low income individual" means an individual who is enrolled in a state or federal public assistance program, including, but not limited to, the Temporary Assistance for Needy Families (TANF), Medicaid or the Supplemental Nutrition Assistance Program (SNAP) or whose household adjusted gross income is below one hundred forty percent (140%) of the federal poverty line.

Please complete the information below, in its entirety.

Full 1	Name of Applicant		
Socia	al Security Number of Applicant		
Birth	Date of Applicant		
D 1			
Please	indicate the applicable category:		
	 □ Temporary Assistance for Needy Families (TANF) □ Medicaid □ Supplemental Nutrition Assistance Program (SNAP) □ My household adjusted gross income is below one hundred forty percent (140%) of the federa poverty line □ Other (indicate public assistance program): 		era
Check	one:		
	New License Application Renewal Application		