

Income Application Fee Waiver Form INSTRUCTIONS

HB 2741 (2022) provides a financial waiver of an application fee for qualified initial license applicants. Applicants must have income not exceeding 200% of the federal poverty guideline. If you believe that you qualify for the waiver, complete the income fee waiver form along with your application and provide the required documents listed below.

Waiver Requirements

- The application must be completed and submitted online through the Nurse Portal.
- The application fee waiver form must be signed by the applicant and spouse, if applicable.
- Provide the required financial document(s) and upload with the waiver form via the message center of your Nurse Portal account at the time of your application submission.
- Pay all applicable fees in full.

Special Instructions

- The applicant must complete all applicable fields on the application fee waiver form. Incomplete application fee waiver forms will be denied.
- The application fee waiver form, license application, financial document(s) and payment for fingerprints must be submitted together.
- Failure to upload all documents when the application is completed and submitted will result in the waiver being denied.
- If married and not legally separated, the application fee waiver form must be signed by the applicant and spouse. Application fee waiver forms not signed by both parties will be denied.
- If the waiver is approved, the application fee will be refunded.
- If the waiver is denied you may not submit it a second time.

Financial Documents

To determine eligibility, the applicant seeking the waiver must provide the financial document(s) consistent with your status, as listed below.

1. Has income and files federal tax return

- Single – must provide a copy of the most recent federal tax return.
- Married Filing Joint – must provide a copy of the most recent federal tax return.
- Married Filing Separate – must provide copies of applicant and spouse most recent federal tax return.
- Married Filing Separate and legally separated - must provide copies of applicant most recent federal tax return and a copy of the court order.

2. Has income but does file federal tax return

- Single – must provide copies of most recent W2 and/or 1099.
- Married - must provide copies of applicant and spouse most recent W2 and/or 1099.
- Married but not legally separated - must provide copies of applicant and spouse most recent W2 and/or 1099.
- Married and legally separated - must provide copies of applicant most recent W2 and/or 1099 and a copy of the court order.

3. Has no income and does not file federal and/or state tax return(s)

- Single – provide application fee waiver form.
- Married - provide application fee waiver form.
- Married but not legally separated - provide application fee waiver form.
- Married and legally separated - provide application fee waiver form and a copy of court order.

UPLOAD INSTRUCTIONS:

- Log In to Nurse Portal
- To the left you will see Message Center, Click on INBOX
- Select Compose a Message, select topic by application type (ie: RN by Exam)
- Attach Files then, +Add File
- Upload all documents and Waiver form
- Click send message

Arizona Board of Nursing
1740 W Adams St Suite 2000
Phoenix, AZ 85007
PH: 602-771-7800

Application Fee Waiver Form

APPLICANT INFORMATION

ALL FIELDS ARE REQUIRED

Date

Legal Name (Last, first, middle initial)

Last 4 digits of credit card used

Other Legal Name (Last, first, middle initial) (Maiden)

Social Security #

Street Address

City, State, ZIP Code

Primary Phone Number | Other Phone Number

Email Address

Marital Status

Single

Married

Separated

Divorced

Widowed

Filing Status

Single

Married Filing Jointly

Married Filing Separately

Head of Household

Qualified Widow with Dependents

Document(s) Submitted With Waiver Form

Applicant's Federal Tax Return

Applicant's W2

Applicant's 1099

Spouse's Federal Tax Return

Spouse's W2

Spouse's 1099

Total Annual Gross Income

Calendar Year for Total Annual Gross Income

Family Size:

Spouse Legal Name (Last, first, middle initial)

Spouse Social Security #

Street Address

City, State, ZIP Code

Primary Phone Number | Other Phone Number

Email Address

EMPLOYMENT HISTORY

Employer Name	Supervisor's Name
Working Title	Supervisor's Telephone#
Street Address	City, State, ZIP Code
Dales of Employment	Annual Salary

Employer Name	Supervisor's Name
Working Title	Supervisor's Telephone #
Street Address	City, State, ZIP Code
Dates of Employment	Annual Salary

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements ore true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;

****Print form before signing***

Applicant's Signature	Date
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Spouse's Signature	Date
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For Administrative Use Only:

Approved / Denied

Date Reviewed / Initials