

REGISTRATION FEE WAIVER APPLICATION

Hanover Park IL Police Department

Sex Offender Registration Section

Registrant Name (Print): _____

Registrant Date of Birth: _____

Instructions: Please answer every question. Do not leave any blanks. If the answer is “none” or “not applicable (N/A),” write that response. Wherever a box is included, place an “X” in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type all your answers. Please include any documentation that you may have to support this request.

Application: I, _____, declare that I am the registrant indicated above. This affidavit constitutes my application to waive my required registration fee. I declare that I am indigent AND unable to pay the required fee. In support of my application, I answer the following questions under penalty of perjury. I further understand that in answering the following questions if I knowing or willfully give material information required by the statute that is false, I may be guilty of a class three felony (Sex 730 ILCS 150/10; VOAY 730 ILCS 154/60, Arson 730 ILCS 148/65).

1. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes", state your:

Monthly salary or wages: _____

Name, address and telephone number of employer: _____

b. If the answer is "No", state your:

Last **monthly** salary or wages: _____

Name, address and telephone number of last employer: _____

2. Are you married? ☐ Yes ☐ No

If the answer is "Yes", is your spouse currently employed? ☐ Yes ☐ No

Spouse's **monthly** salary or wages: _____

Name, address and telephone number of spouse's employer: _____

Please attach documentation that may verify your response.

3. In addition to your income stated above in response to Question 2 (which you should not repeat here), have ***you or anyone else living at the same residence*** received more than \$200 in the past twelve months from any of the following sources? Mark an X next to "Yes" or "No" in each of the categories a through g, check all boxes that apply in each category, and fill in the twelve-month total in each category.

a.	<input type="checkbox"/> Salary or	<input type="checkbox"/> wages:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount: _____ Received by: _____			
b.	<input type="checkbox"/> Business,	<input type="checkbox"/> profession or	<input type="checkbox"/> other self-employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Amount: _____ Received by: _____			
c.	<input type="checkbox"/> Rental income,	<input type="checkbox"/> interest or	<input type="checkbox"/> dividends:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Amount: _____ Received by: _____			
d.	<input type="checkbox"/> Pension	<input type="checkbox"/> social security,	<input type="checkbox"/> annuities,	<input type="checkbox"/> life insurance,
	<input type="checkbox"/> workers compensation,	<input type="checkbox"/> alimony or maintenance or	<input type="checkbox"/> child support:	<input type="checkbox"/> disability,
	Amount: _____ Received by: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	<input type="checkbox"/> Gifts or	<input type="checkbox"/> inheritances:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount: _____ Received by: _____			
f.	<input type="checkbox"/> Unemployment,	<input type="checkbox"/> welfare or	<input type="checkbox"/> any other public assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Amount: _____ Received by: _____			
g.	<input type="checkbox"/> Any other sources (describe source: _____)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Amount: _____ Received by: _____			

Please attach documentation that may verify your response.

4. Do ***you or anyone else living at the same residence*** have more than \$200 in cash or checking, money market or savings accounts?

Total amount: _____	In whose name held: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to you: _____	Telephone number: _____		

Please attach documentation that may verify your response.

5. Do ***you or anyone else living at the same residence*** stocks, bonds, securities or other financial instruments?

Property: _____	Current Value: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In whose name held: _____	Relationship to you: _____		
Telephone number: _____			

6. Are ***you or anyone else*** responsible for payment of rent for your residence?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

List the name and telephone number of person paying rent. _____

List monthly rent: _____ List each person and telephone number of each person on the lease: _____

List each person and telephone number of each person residing in the residence that ***is not*** on the lease: _____

List the name, address and telephone number of the landlord: _____

Please attach documentation that may verify your response.

7. Do ***you or anyone else living at the same residence*** own any automobiles? ☐ Yes ☐ No
- Year, make and model: _____
- Current value: _____ Equity: _____ (Equity is the difference between what the automobile is worth and the amount you owe on it.)
- Amount of monthly loan payments: _____
- In whose name held: _____ Relationship to you: _____
- Name of person making payments: _____
- Telephone number: _____
- Please attach documentation that may verify your response.
8. Do ***you or anyone else living at the same residence*** own any boats, trailers, mobile homes or other items of personal property with a current market value of more than \$500? ☐ Yes ☐ No
- Property: _____
- Current value: _____ Equity: _____ (Equity is the difference between what the automobile is worth and the amount you owe on it.)
- Amount of monthly loan payments: _____
- In whose name held: _____ Relationship to you: _____
- Name of person making payments: _____
- Telephone number: _____
- Please attach documentation that may verify your response.
9. List the persons ***who live with you*** who are dependent on you for support. State your relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. Include a telephone number for each person listed. If none, check here: ☐ None
- _____
- _____
- _____
- _____
- Please attach documentation that may verify your response.
10. List the persons ***who live with you*** who you are dependent on for support. State your relationship to each person and state whether they are entirely responsible for your support or the specific monthly amount each contribute to your support. Include a telephone number for each person listed. If none, check here: ☐ None
- _____
- _____
11. List the persons ***who do not live with you*** who are dependent on you for support. State your relationship to each person and state how much you contribute monthly to his or her support. List a telephone number for each person. If none, check here: ☐ None
- _____
- Please attach documentation that may verify your response.

12. List the persons *who do not live with you* who you are dependent on for support. State your relationship to each person and state how much each contribute monthly to your support. Include name, address, and telephone number of each person listed.

If none, check here:

☐

None

13. List the dates and actions you have taken to secure your registration fee.

Please attach documentation that may verify your response.

14. List all internet sites maintained.

List the name, address, and telephone number of person paying internet bill.

List the monthly cost of internet bill.

Please attach documentation that may verify your response.

15. List all landline telephone numbers utilized.

List the name, address, and telephone number of person paying the telephone bill.

List the monthly cost of each landline telephone bill.

Please attach documentation that may verify your response.

16. List all cellular telephone numbers utilized.

List the name, address, and telephone number of person paying the cellular telephone bill.

List the monthly cost of each cellular telephone bill.

Please attach documentation that may verify your response.

I declare under penalty of perjury that the above information is true and correct. I understand that any person who is required to register under the appropriate statute who knowingly or willfully gives material information required by the statute that is false is guilty of a class three felony (Sex 730 ILCS 150/10; VOAY 730 ILCS 154/60, Arson 730 ILCS 148/65).

Date: _____

Signature of Applicant: _____

Print Name: _____