



**AMERICAN ARBITRATION ASSOCIATION  
AFFIDAVIT IN SUPPORT OF ADMINISTRATIVE FEES  
HARDSHIP WAIVER – INDIVIDUAL**

A primary factor used by the AAA in approving fee waivers is the federal poverty guidelines; absent other supporting information requested in this affidavit, individuals whose gross monthly income exceeds 300% of the federal poverty guidelines will not likely receive approval to have the AAA's fees waived.

AAA Case No:
Your name:
Gross pay or wages for household: \$ _____ per week/ month / year (select one) <i>Gross pay is the amount of money you earn before taxes are taken out. The amount entered should represent the pay/wages for each adult in household, listed in the section below.</i>
Take-home pay or wages for household: \$ _____ per week/ month / year (select one) <i>Take-home pay is the amount of money you receive after taxes are taken out. The amount entered should represent the pay/wages for each adult in household, listed in the section below.</i>
Number of people in your household: Number of adults (over 18 years old) in your household: Number of children (18 years old or under) in your household: <i>Household means the number of people you can claim as a dependent on your income tax returns, including you and your spouse or partner (if you are married).</i>

Address:		
City:	State:	Zip Code:
Employer:		
Employer address:		
City:	State:	Zip Code:

<b>Additional Income for all Household members</b>
Bonuses (including frequency):
Amount and types of government assistance (including frequency):
Business, profession or other self-employment income (including frequency):
Rent payments received, interest, or dividends (including frequency):
Pension, annuity or life insurance payments received (including frequency):
Disability, or workers compensation payments (including frequency):
Other financial support or income, (state source and amount you receive, and frequency):



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Assets	
Total cash and/or checking accounts: \$	
Total in CDs and savings accounts: \$	
Value of liquid investments (mutual funds, ETFs, etc.):	
Attorney's fees: \$	My representative is working on a contingency basis or pro bono Yes No

Any other factors you would like us to consider (do NOT attach bank statements, tax returns, or any other documents):

I am a party to this case and declare that I do not have the financial means sufficient to pay the AAA's administrative fees. I understand that any hardship waiver, if granted, does not affect my separate obligation to pay arbitrator compensation. I hereby swear and affirm that the foregoing is a true and correct statement of my financial condition and my ability to pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email completed form to [AAafeewaivers@adr.org](mailto:AAafeewaivers@adr.org).

Or mail to:  
American Arbitration Association  
Attn: Fee Waivers  
1301 Atwood Avenue  
Johnston RI, 02919