

AMERICAN ARBITRATION ASSOCIATION AFFIDAVIT IN SUPPORT OF ADMINISTRATIVE FEES HARDSHIP WAIVER — SMALL BUSINESS OWNER

All fee waiver applications must be completed in full and submitted in good faith. The information provided must accurately reflect the applicant's current financial situation, including all sources of income, financial support, assets, and other resources used to meet personal or household expenses.

Submission of incomplete or misleading information may result in denial of the fee waiver request. The American Arbitration Association (AAA) reserves the right to request additional documentation or clarification and to deny any request where the information appears inconsistent, incomplete, or not submitted in good faith.

If business has multiple owners, submit a form for each owner that is not a member of the same household.

| AAA Case No: | | | |
|---|--------|--------------------------------|--|
| Your name: | | | |
| Gross pay or wages for household: \$ | per we | eek/ month / year (select one) | |
| 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. | | | |
| Take-home pay or wages for household: \$ | per we | eek/ month / year (select one) | |
| 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. | | | |
| 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: | | | |
| 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). | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Employer: | | | |
| Employer address: | | | |
| City: | State: | Zip Code: | |
| Additional Income for all Household members | | | |
| 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): | | | |
| | | | |
| | | | |
| | | | |

| 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 | | |
| Business Information | | | |
| Name of business: | | | |
| Describe business: | | | |
| | | | |
| | | | |
| Address: | 1 | | |
| City: | State: | Zip Code: | |
| Number of employees: | | | |
| Organization/business type: (General/Limited Partnership/Sole Proprietorship/Corporation/Limited Liability/Company) | | | |
| Date business established: | How many years in operation? | | |
| Is business still in operation? Yes No | | | |
| Gross annual business revenue: | | | |
| Net annual business revenue: | | | |
| Operating expenses: | | | |
| Do you, or others, draw income from this business. If so, how much and at what frequency? | | | |
| | | | |
| | | | |
| For profit: Yes No | | | |
| Business Assets | | | |
| List each existing business bank account including the current amount in each: | | | |
| | | | |
| | | | |
| Value of all business investments: | | | |
| List all lines of credits and funds available: | | | |

| Any other factors you would like us to consider (do NOT attach ba | ank statements, tax returns, or any other documents): |
|---|---|
| | |
| that any hardship waiver, if granted, does not affect my separate o | al means sufficient to pay the AAA's administrative fees. I understand obligation to pay arbitrator compensation. I hereby swear and affirm condition, as well as the financial condition of the business, and my |
| Signature | _ |
| Date | - |

Please email completed form to $\underline{AAAf ee waivers@adr.org}.$

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