

**Financial Income Application Fee Waiver Request**

Qualification Requirements:

* Either filed singly or listed as a dependent on a filed 2024 Federal Income Tax Return with an adjusted gross income that falls below the Low Income Level listed below.
* Request a fee waiver **before** you submit your application. Requests received after an application has been submitted will not be honored.

Low Income Levels for the 2025-2026 Application Cycle (Based on USDHHS guidelines)

|  |  |
| --- | --- |
| **Size of Family** | **Income Level** |
| 1 | $31,300 |
| 2 | $42,300 |
| 3 | $53,300 |
| 4 | $64,300 |
| 5 | $75,300 |
| 6 | $86,300 |
| 7 | $97,300 |
| 8 | $108,300 |
| For each additional person add: | $11,000 |

To apply for a fee waiver based on financial income, complete the fields below. You must also include
a copy of your 2024 Federal Income Tax Return (Form 1040, 1040A or 1040EZ).

Email your completed request and documentation to cahpadmissions@unmc.edu.

**Applicant First Name:** Click or tap here to enter text.

**Applicant Last Name:** Click or tap here to enter text.

**Applicant CAS ID:** Click or tap here to enter text.
\*found in the top, right corner of your application account near your name.

**CAHP Program:** Choose an item.

My household’s adjusted gross income for the 2024 tax year was: $Click or tap here to enter text.

The current number of members in my household is: Click or tap here to enter text.

By typing my name below, I understand the application fee waiver process and have attached the required documentation with this request.

Click or tap here to enter text.
Applicant’s Electronic Signature (Type Name)