



Low Income Charge Request

In order to determine a standard ability to pay for the Medical Marijuana registry card, the program has based its requirements on the DHSS policy memorandum number 37. The Low Income Application Charge will be determined utilizing a scale of 138% of the poverty level. If your gross household income is at or below 138%, your application fee will be \$25.00. SIGN and return this letter with all required documents to the Delaware Medical Marijuana Program (MMP) to request consideration for a lower application fee.

Submit the following information for review to determine if you qualify for the reduce application fee.

- checkbox A copy of your most recent Federal and State Income Tax returns
checkbox A copy of all W-2 Forms submitted with your tax returns
checkbox Other documents which show your current income including Social Security Statements
checkbox Number of people that are living in your household

Please list by name and age

(If needed, use back of page to add additional names)

- 1. _____
2. _____
3. _____
4. _____

Date: _____

Signature: _____

MMP will be unable to make any adjustments to the amount which you are required to pay if the information is not submitted. Thank you for your cooperation.

Sincerely,

Paul Hyland
Program Administrator
Office of Medical Marijuana

**Poverty
Guidelines 2020 Annual Income**

Household /Family Size	138%
1	17,236
2	23,336
3	29,435
4	35,535
5	41,635
6	47,734
7	53,834
8	59,933
9	66,033
10	72,133

What is your total gross household income? _____

How many people are in your household? _____

Please complete and sign the front page of this form, include proof of your income, and submit with your application.