



Civil Resolution Tribunal

Fee Waiver Request Form

How to request a Fee Waiver: <https://civilresolutionbc.ca/resources/crt-fees/>

1. Complete this form. You can fill this out on your computer, tablet or device using Adobe Acrobat (<https://get.adobe.com/reader/>). This will allow you to make and save changes easily, and email the application without having to scan it.
2. Provide your completed form to the Civil Resolution Tribunal by following the instructions in the “Where to send this Form” section below or include it with other forms in your submission.

About this Form

Parties to a dispute with low income can apply to be excused from paying CRT fees. This is called a fee waiver. The Tribunal will decide whether a party is eligible for a fee waiver.

Information for a request must be provided by any deadlines set by the CRT. The CRT can revoke a fee waiver at any time and may request proof of income and additional information or documents.

Where to Send this Form (Email Recommended)

Email: RSC@crtbc.ca

Fax: 1 (250) 356-6552

Mail: PO Box 9239 Stn Prov Govt

Victoria BC V8W 9J1

OFFICE USE ONLY

The Civil Resolution Tribunal (CRT) collects a wide variety of personal information from parties in disputes brought to the tribunal. The information provided and/or requested will be collected by the CRT under section 62 of the Civil Resolution Tribunal Act and the CRT’s Rules, in order to assist the CRT in resolving strata property disputes. You can view the CRT’s policy on access to records and information in CRT disputes here: <https://civilresolutionbc.ca/resources/information-access-privacy-policy/>. If you have any questions regarding the collection of your personal information, please contact the CRT: Email: Info@crtbc.ca or; Mail: Attention Registrar and Executive Director, Civil Resolution Tribunal, PO Box 9239, Stn Prov Govt, Victoria BC, V8W 9J1



General Information

Legal First Name	Legal Last Name	CRT Dispute Number (if available)	
Address (Street or PO Box)			Unit (optional)
City	Province/State	Country	Postal/Zip Code
Daytime Phone	Email		

Financial Information

Please check the box that applies to you and provide any required information

I receive income from one or more of the following assistance programs **AND** I'm the only person in my household listed in this dispute:

- British Columbia Income Assistance
- British Columbia Income and Disability Assistance
- Canada Guaranteed Income Supplement

I do not receive income from any of the assistance programs listed above **OR** there are people in addition to myself in my household that are listed in this dispute:

Including me, the number of people living in my household is _____
 This includes all people living at your address and family members you are legally required to support financially.

My total annual household income is \$ _____
 Enter the total yearly income, before deductions, from all sources for everyone living at your address.

The net value of my real estate is \$ _____
 The net value of your real estate is the assessed value, minus the outstanding balance on any mortgages. Include the net value for all real estate you own, including your house, vacation properties and any income property.

Is another person in your household requesting a fee waiver for this dispute? Please tell us their full names.

Declaration

- I certify that the above is true and I do not have any other source of income that would enable me to pay these fees.
- I understand that, under section 92 of the Civil Resolution Tribunal Act, a person who provides false or misleading evidence or other information in a tribunal proceeding commits an offence and is liable on conviction to a fine of \$10,000 or imprisonment for term not longer than 6 months, or both.
- I understand that the Civil Resolution Tribunal may at any time review my request for a fee waiver and I may be required to provide documents to confirm my answers above.

Signature _____ Date Signed (dd/mmm/yyyy) _____