

About this form

Use this form to ask to have your CRT fees waived, if you can't afford them. To learn more, visit civilresolutionbc.ca and search for "fee waiver".

Send your completed form by email to RSC@crtbc.ca or by mail to the Civil Resolution Tribunal at: PO Box 9239 Stn Prov Govt Victoria, BC V8W 9J1

CRT Dispute Number (eg SC-2020-00001)

Your Contact Information	
Your full legal name	
Value macilie et adduca a	
Your mailing address	
Phone number	Email address

Your Financial Information

When we process your form, we might ask for more financial information or documents, like proof of income.

What is your total yearly household income?

This is the total before deductions, from all sources, for everyone living at your address.

\$

If you own real estate, what is the net value?

This is the assessed value, minus any outstanding mortgage balance. Include the net value for all real estate you own including your house, vacation properties, and income properties like rental buildings.

\$

How many people live in your household? This includes yourself plus all people living at your address, and any family members you're required to financially support. If anyone else in your household is an applicant or response.	Is anyone else in your household an applicant or respondent in this CRT claim? Yes No, or I'm not sure	
Do you receive money from any of these assistance programs? (select all that apply) ☐ British Columbia Income Assistance ☐ British Columbia Income and Disability Assistance ☐ Canada Guaranteed Income Supplement		
Declaration By printing my name below and submitting this form, I confirm that:		
 I may be asked to give information or documents to confirm the information I gave in this form. I don't have any other source of income to pay CRT fees. The CRT may review a fee waiver at any time. 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 a term not longer than 6 months, or both. 		
Date submitted	Submitted by (print your full name)	

Form: Fee Waiver Request