



STATE-SPONSORED INSPECTION AND DISPUTE RESOLUTION PROCESS (SIRP) FEE REDUCTION/WAIVER REQUEST FORM

Section 1: Financial Information

A person who is able to show a financial inability to pay the required inspection fee may be eligible for a fee reduction or waiver. In order to evaluate whether the requestor is eligible for an inspection fee reduction or waiver, the following information must be provided. Information provided may be subject to public disclosure. **This waiver cannot be reviewed unless it is submitted with a completed SIRP Request Form.**

Name: _____ Phone Number: _____ Social Security #: _____

Employer: _____ Position: _____

Date of Birth: _____ Number of Dependents Reported on your Taxes: _____

Please give a brief description of the circumstances that you feel warrant a fee waiver/reduction in your case:

I. INCOME

A. Household Gross Monthly Income (Include All Household Members)

Source/Amount	_____ / _____	\$ _____
Source/Amount	_____ / _____	\$ _____
Source/Amount	_____ / _____	\$ _____

COMBINED HOUSEHOLD GROSS INCOME: \$ _____

B. Deductions from Household Gross Income

	Yourself	Other Members of Household
Federal Income Tax	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Self-employment Tax	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Support Orders	\$ _____	\$ _____

C. Other Deductions

	Mandatory Deductions			
Pension/Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____

D. Total Deductions: \$ _____ \$ _____

E. Net Household Monthly Income:

Combined gross income minus combined total deductions \$ _____

II. MONTHLY EXPENSES

A. Regular Monthly Expenses

Mortgage	\$ _____	Gas	\$ _____
Homeowner's Association Fees	\$ _____	Electricity	\$ _____
Monthly Utilities:		Water & Sewer	\$ _____
Home Telephone	\$ _____	Garbage Collection	\$ _____
Cellular Telephone	\$ _____	Property Taxes (if not included in mortgage)	\$ _____
Internet	\$ _____	Insurance (if not deducted from income above):	
Long Distance	\$ _____	Health	\$ _____

Financial Information Continued

Dental \$ _____
 Life \$ _____
 Disability \$ _____
 Long-term Care \$ _____
 Homeowners Insurance (if not included in mortgage) \$ _____
 Auto(s) \$ _____

Credit Cards	\$ _____	Briefly Describe:	_____
Credit Cards	\$ _____	Briefly Describe:	_____
Other Revolving	\$ _____	Briefly Describe:	_____
Other Revolving	\$ _____	Briefly Describe:	_____
Other Revolving	\$ _____	Briefly Describe:	_____

Home Equity Loan \$ _____
 Student Loan \$ _____
 Other Loans \$ _____

Educational Expenses (average monthly):

For Self	\$ _____	Briefly Describe:	_____
For Children	\$ _____	Briefly Describe:	_____
Day Care:			
For Children	\$ _____		
For Parent(s) or other dependents	\$ _____		

Transportation Expenses:

Gasoline	\$ _____
Parking/Commuting	\$ _____

Subtotal (A) _____

B. Monthly Uninsured or Un-reimbursed Healthcare Costs:

Medical	\$ _____
Dental	\$ _____
Prescriptions	\$ _____
Non-prescription Medications or Aids	\$ _____

Subtotal (B) _____

C. TOTAL MONTHLY HOUSEHOLD EXPENSES: \$ _____

III. Other Assets and Liabilities

A. Real Property and Motor Vehicles	Current Market Value	Amount Owed (if any)	=	Net Value (value minus amount owed)
Primary Home	\$ _____	\$ _____	=	\$ _____
Other Real Property	\$ _____	\$ _____	=	\$ _____
Vehicle	\$ _____	\$ _____	=	\$ _____
Vehicle	\$ _____	\$ _____	=	\$ _____
Subtotal A Total Net Value				= \$ _____

B. Liquid Assets

	Current Market Value	
Cash	\$ _____	
Stocks/Bonds/Funds	\$ _____	
Stock Options	\$ _____	
Checking Account(s)	\$ _____	
Savings Account(s)	\$ _____	
		Subtotal B = \$ _____

Financial Information Continued

C. Investments

Retirement / Pensions \$ _____
 Profit Sharing \$ _____
 IRA(s) \$ _____
 Business(es) \$ _____
 Whole Life Insurance \$ _____

Subtotal C = \$ _____

D. Other Assets

Description	/	Method of Valuation	/	Net Value
1) _____	/	_____	/	\$ _____
2) _____	/	_____	/	\$ _____
3) _____	/	_____	/	\$ _____
4) _____	/	_____	/	\$ _____
5) _____	/	_____	/	\$ _____

Subtotal D = \$ _____

E. Subtotal of Assets

Subtotal E = \$ _____

Describe other debt on assets:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. Other Debts

Subtotal F = \$ _____

G. TOTAL ASSETS (Net Value):

\$ _____

Section 2: Affidavit

STATE OF TEXAS §
 §
 COUNTY OF _____ §

I, _____, do attest and affirm that all information provided on this financial information form is true and correct. The undersigned authorizes the Texas Residential Construction Commission to obtain and examine abstracts of records and to receive statements and information about my background pertaining to my credit history and current standing.

 Signature

 Date

 Printed or Typed Name

This document was subscribed to and sworn to or affirmed before me on _____
 Date

By: Signature _____

(seal)

 Printed Name
 Notary Public in and for the State of Texas