



Request For Waiver—Restrictions on public benefits

Applicant						
Current Name—Last	First		Middle	Middle		
Full Maiden Name, if applicable						
			10			
Birth Date	Gender		Social Security Number			
Ourself Decidence Address Office	l Cit.		710001			
Current Residence Address—Street		City		State	ZIP Code	
U. S. Citizen?						
☐ Yes ☐ No Applicant's Signature			Date			
Applicant's Signature			Date			
If the complication has been deviced a mobile beautiful				4 - 1-11	ala la confederación de la	
If the applicant has been denied a public benefit because the applicant is unable to establish lawful presence, the						
applicant may provide any documents that verify name and proof of lawful presence.						
Designated Representative (if applicable)						
Name — Last	First				Middle	
Form(s) of Identification		Identification Number				
		luentinication	Number			
Designated Representative Signature						
Signature	100 110	procentative of	Date			

This form and all supporting documentation must be presented in person at any state Driver License office. Please see our website for additional details.