



Request for Discount or Waiver of HMIS license fees

Agency Information

Agency name: _____

Address: _____
Street Address *Suite #*

_____ *City* *State* *ZIP Code*

Office Phone: _____ Alternate Phone: _____

Email: _____

Contact person: _____

How many HMIS licenses needed: _____

The person using HMIS: _____

How much can your agency pay for HMIS licenses: _____

Justification for Hardship of HMIS License(s) Fee

Please explain your agency hardship to pay HMIS licenses fees:

Funding Resources

Please circle the funding sources that best describe your agency

- **Category 1 - ESG, HUD, PATH, SSVF (Federal Funds)**
- **Category 2 - Shelters not funded thru Federal Funds Private Funding**
- **Category 3 - Other Agencies (rental assistance, food pantry, etc. from private funding)**

Additional Information

HART may request additional information before final approval of a discount or waived HMIS licenses fee.

Signature

Date

*Agencies will need to submit this request to the HMIS Lead. Then it will be reviewed by HMIS committee within 5 days. Decision will be forwarded to the Board of Directors and your agency.