

# Application for Subscription Fee Waiver or Discount due to Economic Hardship

This application is optional and voluntary, but in order to be considered must be completed in its entirety. Resident Swap, Inc., pursuant to its policies and at its discretion, will consider this application, and may offer a subscription fee waiver, a discount, deferred payment, or may decline application.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Medical Degree (MD, DO, MBBS):** \_\_\_\_\_ **degree expected date:** \_\_\_\_\_

**Resident Swap Username:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Please provide either actual amounts, or good-faith approximate estimated values for the following questions.**

- 1.) List all monthly wages arising from current employment, independent contract work, or any other work. Indicate duration of employment and include any employment expected to begin within the next 3 months:
  
- 2.) List all additional sources of income and amounts, during the past 12 months, including salary not listed in the prior question, royalties, dividends, gifts, parental support:
  
- 3.) Value of all savings and other bank accounts:
  
- 4.) List all other assets exceeding \$1000 of value, and their approximate value, such as stocks, equity, car(s), computer, house, retirement accounts, educational savings accounts:
  
- 5.) List types and amount of all debt, aggregated by type, such as school loans, credit card debt, mortgage, car loans:
  
- 6.) List types and amounts of monthly expenses for 3 largest expenses, such as rent, child-care expenses, car payments, phone bills, utilities:
  
- 8.) **(Optional)** You may include any other circumstances relating to your financial hardship:

**I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

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Signature

Date

**Return completed application to [financial.aid@residentswap.org](mailto:financial.aid@residentswap.org)**