

Financial Counseling, One on One Budgeting and Credit Report Review Fee Waiver Request Application

CCCS of Buffalo has a vision of helping individuals and households in Western New York by providing counseling services without regard the client’s ability to pay.

Service Fee Waiver Guidance

Generally, CCCS has discretion to waive any fees if the applicant establishes that he or she is unable to pay the fee. All fee waiver requests applicants are required to demonstrate an **"inability to pay."** In determining "inability to pay," CCCS may consider the following situations and criteria regarding the applicant:

- Client's household income is at or below the poverty level contained in the most recent poverty guidelines revised annually by the Secretary of Health and Human Services.
- If there are extenuating circumstances, please attach explanation and supporting documentation.

Documentation (please supply copies, do not send originals)

The suggested examples listed below are types of documentations to provide proof of the "inability to pay:"

- Letter from the state of any SSI (Social Security Income), SSD (Social Security Disability), or Social Services (Food Stamps, or Welfare).
- Recent pay stub (within last four weeks) from each wage earning member of the household

How to Apply for a Service Fee Waiver

- To apply for a service fee waiver, an applicant must submit a signed and dated *Fee Waiver Request Form*.
- The request and supporting documentation (see above **Documentation**) must be submitted along with the *Fee Waiver Request*.
- To facilitate the processing of fee waiver requests
 - Face to Face Appointment applicants should bring form and documentation to appointment
 - For Telephone and Online Counseling, applicants should submit form and documentation prior to scheduling appointment
- If a fee waiver request is denied, then client will be notified and documentation will be properly disposed of by Agency.

The Federal Poverty Guidelines from the Department of Health and Human Services for 2009 shown below:

Number in Household	Weekly Gross Income	Monthly Gross Income	Yearly Gross Income
1	\$208	\$903	\$10,830
2	\$280	\$1,214	\$14,570
3	\$352	\$1,526	\$18,310
4	\$424	\$1,838	\$22,050
5	\$496	\$2,149	\$25,790
6	\$568	\$2,461	\$29,530
7	\$640	\$2,773	\$33,270
8	\$712	\$3,084	\$37,010
Additional persons add	\$72	\$312	\$3,740

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(Please **PRINT** Clearly)

Refer to the Fee Waiver Guide Request before completing this form.

I, _____, and _____ of _____
(Full legal name) (Full legal name) (City)

Make this request of service fee waiver for (please check one):

- Financial Counseling Credit Report Review One on One Budgeting

In support of this request I am submitting: _____
(Type of Documentation, see attached listing)

Number of **Adults** in household _____ Number of **Children Under Age 18** in household _____

My current mailing address, fax number, and email address are:

(Street address) (City) (State) (Zip)
()
(Fax Number if applicable) (Email address)

My current telephone number is: () _____

This information is accurate to the best of my knowledge.

(Signature of Requestor) Date: _____

(Signature of Requestor) Date: _____

CCCS USE ONLY

CCCS: Approved: Denied:

Signature: _____ Date: _____

Our Business is Your Credit

