

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 for 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 request 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 will need to show proof that their attorney is waiving their fee or a portion of their fee

Documentation

The documentation must be on attorneys/law office letterhead explaining their fee has been reduced or waived.

- please supply copies, do not send originals

How to Apply for a Bankruptcy Counseling Fee Waiver

To apply for a bankruptcy counseling fee waiver, an applicant must submit:

- *Fee Waiver Request Form* (signed and dated)
- Supporting documentation (see above **Documentation**)

In person appointments- bring all noted above to appointment

Telephone and Online Counseling- submit **prior to scheduling appointment**

Email: client.relations@cccsbuffalo.org
FAX: (716) 712-2079
Address CCCS of Buffalo, Inc.
40 Gardenville Parkway Suite 300
West Seneca, NY 14224

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Fee Waiver Request

(Please **PRINT** Clearly)

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

Date: _____ Married Single

I, _____ and/or _____
(Full legal name) (Full legal name)

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

- Pre-File Bankruptcy Online Counseling In person Appointment Telephone
- Pre-Discharge Bankruptcy Online Counseling In person Appointment Telephone

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

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: (_____) _____

I would like to know if my request have been accepted or denied by:
 contacted by phone email letter

This information is accurate to the best of my knowledge.

(Signature of Requestor)

(Signature of Requestor)

CCCS USE ONLY

CCCS: Approved: Denied:

Signature: _____ Date: _____

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