



**Consumer Credit Counseling  
Service of Buffalo, Inc.**

*Your Gateway to Financial Education & Positive Change*

**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).
- Federal Income Tax Returns for the most recent tax year (proof of filing of a tax return) for the applicant if self-employed.

**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



Consumer Credit Counseling Service of Buffalo, Inc.

Your Gateway to Financial Education & Positive Change

40 Gardenville Parkway, Suite 300, West Seneca, NY 14224 Phone: 716-712-2060 Fax: 716-712-2079 web:www.cccsbuffalo.org

Fee Waiver Request

(Please PRINT Clearly)

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

Date: \_\_\_\_\_  Married  Single

I, \_\_\_\_\_, and/or \_\_\_\_\_ of \_\_\_\_\_
(Full legal name) (Full legal name) (City)

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

- Financial Counseling, Pre-Discharge Bankruptcy, Credit Report Review, Pre-file Bankruptcy, One on One Budgeting, Online Counseling

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) (Signature of Requestor)

CCCS USE ONLY

CCCS: Approved:  Denied:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

