

Fee Waiver Statement: A client may request a waiver or reduction in paying the standard program fee for a Consumer Credit Counseling Services of Hampton Roads due to their inability to pay such program fee (i.e. examples below). The fee may be waived or reduced by requesting a fee waiver from your counselor. Our objective is to provide the highest level of counseling services regardless of a client's ability to pay for services.

**Example of possible reasons for a client fee waiver / reduction:**

- *Individuals with household income at or below 150 % of the Federal Poverty Level Guidelines, as updated periodically by the US Department of Health and Human Services. Proof of Income is required.*

**Consumer Credit Counseling Services of Hampton Roads (CCCS)**  
*A program of the Center for Child & Family Services*

**Fee Waiver/Reduction Request Form**

To determine your eligibility for a waiver please fill out the following information:

Name: \_\_\_\_\_

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

City \_\_\_\_\_, Virginia Zip \_\_\_\_\_

Reason for requesting a waiver/ reduction of program service fee:

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**2016 HHS Poverty Guidelines (150% of federal poverty level)**

Family Size	Annual Income	Gross Monthly Income
1	\$17,820	\$1,485.00
2	\$24,030	\$2,002.50
3	\$30,240	\$2,520.00
4	\$36,450	\$3,037.50
5	\$42,660	\$3,555.00
6	\$48,870	\$4,072.50
7	\$55,095	\$4,591.25
8	\$61,335	\$5,111.25

\$4,160.00 for each additional person

Total Household Size: \_\_\_\_\_

Total Gross Monthly Household Income: \_\_\_\_\_

Do not include non-cash government assistance such as food stamps or housing subsidies. Include the income of your spouse regardless of whether or not you are filing a joint petition.

If you qualify for a full or partial waiver you will need to provide supporting documentation to verify your income: You may provide any one of the following as proof of income. **Without proof we will be unable to process your request for a waiver or reduction.**

Official unemployment letters state provided  
Recent paystubs, Pro Bono from Attorney  
Most recent tax return  
Form 1099, Social Security Income/SSI Income  
Leave and Earning Statement

\_\_\_\_\_ Please check here if you don't want to provide this information and are not interested in a waiver of your fees.

Client's Signature \_\_\_\_\_

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

Counselor's Signature: \_\_\_\_\_

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

Supervisor's Signature: \_\_\_\_\_

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

**By signing this form you certify that all information on this form is true, correct and complete and made in good faith.**