



FEE WAIVER APPLICATION

Does **NOT** include the \$60 administrative fee.

The following documents MUST be attached to this packet: the most recently filed taxes AND the most recent pay stub received. If this is not available, provide proof of a notice of action for benefits such as Medicaid, SNAP, and social security income.

Full Name _____ Birth Date _____
 Address _____
 City _____ State _____ Zip code _____
 Phone _____ Time to call (M-F 9AM-4:30PM) _____

<p>Yes, I want to apply.</p> <p>To apply; read, complete both pages of this application, provide proof of income and sign below. This allows our office to determine whether or not your fees will be waived. I understand that if CLIA cannot make a determination due to an incomplete application, I may be charged the full fee for legal services.</p> <p>Signature: _____ Date: _____</p>	<p>No, I do not want to apply.</p> <p>I do not wish to participate in the Fee Waiver Program. I understand that any charges for which I am responsible will be billed to me and will not be waived. This applies to me and to the household members listed.</p> <p>Signature: _____ Date: _____</p>
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Family Size: Family size is defined as all household and/or family members who depend on the same income. **Please list your household and/or family members:**

	First Name	Last Name	Date of Birth	Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

Certification of Income

I hereby certify that the income for my household (including all household/ family members) for the coming twelve months is as follows: (Before Tax and Deductions)

Wages, salaries, commissions, tips	\$
Social Security Benefits	\$
Public Assistance (Food Stamps, TANF, etc.)	\$
Unemployment/ Workers Compensations	\$
VA Benefits/ Military Retirement	\$
Pensions and/or IRA Distributions	\$
Rental	\$
Dividend and/or Interest Income	\$
Other income (specify source)	\$
Total Annual Household Income	\$

ZERO INCOME HOUSEHOLD ONLY - Please complete if you have NO source of income:

Please describe how your basic needs have been met:

Food: _____ Shelter: _____

Utilities: _____

Other (clothing, soap, etc.): _____

I, _____, certify that I have had no source of income since _____

Name of last employer: _____ Date of last employment: _____

All Applicants: PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.

I agree to be responsible for my CLIA legal services bills. I also agree to inform CLIA if I have income change. I understand if I provide false or incomplete information, I may no longer be considered for a discount and certify that the information I have given on this application is complete and true.

Signature: _____ Date: _____

Center for Legal Immigration Assistance (CLIA) believes that immigration legal services should be accessible to those who need them, regardless of their ability to pay. CLIA further believes that individuals should pay as their means permit, discounting fees when applicable.