



THE ADVOCACY CENTER, INC.

Fee Waiver Policy of The Advocacy Center, Inc.

General

The Advocacy Center, Inc. ("TAC") is a charitable non-profit, tax-qualified corporation formed to offer alternative approaches to conflict and social injustice through community-based programs that promote the restoration of peace and the protection of human and civil rights through non-attorney agency services that focus in the areas of mediation, immigration, and nonprofit advocacy. Through its community partnerships with various individuals, businesses, nonprofits, and state and federal agencies, TAC equips communities and the individuals where we serve with opportunities for equal access to justice, safeguarding basic human rights, promoting peace, and ensuring dignity for all those we serve

Purpose

The purpose of this policy is to establish the parameters necessary for breaking economic barriers to ensure the safeguarding basic human rights, promoting peace, and ensuring dignity for all those we serve.

Scope

Fee waivers may be granted on a case-by-case basis whenever the parameters set forth within this policy are met. If any applicant is receiving public benefits, is considered low-income or indigent, or does not enough money to pay for basic household needs, a fee waiver may be obtained.

Nonprofit Services Fee Reduction

Recognizing that some applicants cannot pay our fees, TAC established a fee waiver process. To be eligible for a fee waiver, applicants must complete the following:

- Financial Application/Fee-Waiver Affidavit;
- Bank statements for the past three (3) months prior to the date of the application;
- All Cash App/Venmo/Zelle statements for the past three (3) months prior to the date of the application;
- Taxes for the prior year (if applicable);
- Copies of any and all mortgages and/or lease agreements;
- Copies of any and all monthly bills and expenses.

All supporting documents must be submitted at the time of the application to be considered. Please follow these instructions to ensure timely and smooth processing.



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Financial Application / Fee-Waiver Affidavit

Personal Information			
Applicant's First Name		Applicant's Last Name	
Applicant's Date of Birth		Last 4 Digits of Applicant's SSN (if applicable)	
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed the amounts set out within TAC's policy in accordance with the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
SSI: ____ Medicaid: ____ SNAP / Food Stamps: ____ Other Assistance: ____			
Monthly Income			
	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$

Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$

Liquid Assets	
Type of Asset	Estimated Value
Cash on Hand	\$
Available Cash in Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets	\$
Total Liquid Assets	\$

Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on
 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

FOR INTERNAL USE ONLY

NOTES: _____

APPENDIX

2024 FEDERAL POVERTY LIMIT (FPL)

Persons in family/ household	100% Poverty
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$ 50,560
More	Add \$4,720 each