

Fee Adjustment Reduction Application

Facilitative Mediation Fee: \$200; Settlement Conference Fee: \$250; Foreclosure Mediation Fee: \$300

SUBMIT THIS FORM, ALONG WITH SUPPORTING DOCUMENTS AND \$50 NON-REFUNDABLE DEPOSIT.

Name of Applicant: _____ Return by: _____

NOTE: **You must include a copy of ALL HOUSEHOLD MONTHLY EARNINGS FOR THE PAST 3 MONTHS to be considered for fee adjustment. Household monthly earnings equals the monthly income of ALL adults living in the home as a family, regardless of marital or familial status. Examples of income documentation might be: bank statements, paystubs, SSI award letter, DSHS letter, etc.

Your case will not move forward until the \$50 non-refundable deposit is received.

Answers must include information of ALL people in household	
1	# of adults living in your house as a family:
2	# of children living in your house:
3	Household monthly earnings (as explained above, and before taxes): \$
4	Does your household receive GOVERNMENT assistance? ___ NO ___ YES List type: _____ List dollar amount per month: _____ (Medical, Food, Cash, etc.)
5	Does your household receive NON-GOVERNMENT assistance? ___ NO ___ YES List type: _____ List dollar amount per month: _____ (Child Support, Family, or Other)
6	Total monthly income (before taxes) including government assistance. List TOTAL dollar amount per month \$ _____

Reason(s) for fee adjustment request: List any circumstances you wish the Center to consider.

I am including my non-refundable deposit in the amount of \$ _____.

I declare all the above information to be true to the best of my knowledge.

Signature of Applicant

Date

FOR STAFF USE ONLY:

Standard Session Fee: _____ Case#: _____ Staff Initials: _____

Total Reduced Fee: _____ Amount paid to date: _____ Balance Due: _____

Authorizer: _____ Date _____