



**Volunteers of America Dispute Resolution Center
Serving Snohomish, Skagit & Island Counties**

PO Box 839 Everett WA 98206

FAX 425-259-2110

HARDSHIP DECLARATION FORM AND FEE DISCOUNT APPLICATION

Name of Applicant: _____ Phone: _____

Fee Amount _____ Case worker: _____ Phone: _____

DECLARATION

I submit this declaration in support of my application for a fee discount. I certify that the information below is complete and accurate. I have no means to pay the full mediation fee in this action.

I declare under penalty of perjury under the laws of the State of Washington that the information I am providing is true and correct, and understand that I may be subject to criminal prosecution if I knowingly provide false information which results in assistance for which I am not eligible.

Signed at _____, on _____
(City and State) (Date)

Signature of Client

Monthly, gross household income, by type:

- Combined Salary/Wages of household members*: _____
- *Household members include spouses, domestic partners, and anyone who contributes to the financial support of the household.
- Additional Income (ie. Rental, capital gains, trusts): _____
- Unemployment Income: _____
- Child Support Received: _____
- Government Assistance Income: _____
- SSI/Disability Income: _____
- Other assistance; food stamps etc: _____
- Total Household Income**

How many adults in your household? _____ How many children in your household? _____

Briefly describe your hardship, if applicable:

Please send the first two pages of your most recent tax return, no schedules or worksheets needed, and any related documents that verify the above numbers; pay stubs, food stamp card, letter from a case worker, medical coupon information, bank statements, financial aid letter, unemployment records, etc. We are unable to mail back originals; send copies only. **Applications will be denied if documentation is not supplied. In cases of extreme hardship, an appeal regarding this application may be submitted in writing to the Dispute Resolution Center for special consideration due to extenuating circumstances.**