



A&R LEGAL IMMIGRATION AND SOCIAL SERVICES

INFORMATION SHEET ON SERVICE FEE REDUCTION

Pursuant to A&R Legal Immigration and Social Services legal agreement, payment of the service fee for preparing any application is required at a time of signing a service agreement. A&R Legal Immigration and Social Services new promotional program allows individuals to request an administrative service fee reduction for up to \$0.00 before signing a service agreement only in cases where the individuals can document that they meet the criteria as a very-low-income household (3 options with qualifying criteria – see below). If your service fee reduction request is denied, then Administrative Service Fee must be paid at a time of signing the agreement with exception if you qualify for any other promotion or payment option by A&R Legal Immigration and Social Services at that time.

Option #1. If you are claiming eligibility for a reduction of fees because you or your family member receives financial assistance under one or more of these programs, you must produce official documentation confirming benefits from a public assistance agency and/or one of the following documents, PLUS you must fill out a Fee Reduction Form.

PROGRAM	VERIFICATION DOCUMENT REQUIRED
SSI/SSA	Notice of Action showing the amount of the benefit and, if available, the date when the benefit ends.
CALWORKS/TANF	Notice of Action, or, Verification of Benefits generated by the agency of benefit provider or computer generated from electronic website of the agency.
SNAP BENEFITS/ FOOD STAMP	Notice of Action, or, Verification of Benefits generated by the agency of benefit provider or computer generated from electronic website of the agency.

OR

Option #2. Total gross annual household income is equal to or less than the following (proof of income should be attached):

HOUSEHOLD SIZE	COMBINED HOUSEHOLD INCOME (100% REDUCTION)	COMBINED HOUSEHOLD INCOME (50% REDUCTION)
1	\$17,800	\$20,800
2	\$24,000	\$27,000
3	\$30,000	\$33,000
4	\$36,500	\$39,500
5	\$42,500	\$45,500
ANY ADDITIONAL PERSON	Add \$6,000 for each	Add \$6,000 for each

Any applicant, whose income is greater than the income amount shown in the chart above will not be qualified for any fee reduction and will be responsible for the full payment of the service fee as designed.

OR

Option #3. Financial Hardship. Your income is not enough to pay for the common necessities of life for yourself and the people you support. Financial records (i.e., W-2 forms, Social Security payments, unemployment checks, bank statements, alimony payments, etc.) are required. List of all monthly expenditures with supporting documentation is required.

To apply for a fee reduction, fill out the Application for a Fee Reduction and submit the completed form with all required support documentation for all entries. Failure to provide supporting documentation will result in your Fee Reduction being automatically denied and you will not have an opportunity to submit additional information. ALL approval or denial of Fee Reduction will be in writing and mailed to the contestant. The decision rendered is final and cannot be disputed.

Complete, print and send your Application for Fee Reduction by mail to the address below:

A&R Legal Immigration and Social Services

Attn: Fee Waiver

5107 Hollywood Blvd, Suite # 105

Los Angeles, CA 90027-6116

APPLICATION FOR A FEE REDUCTION

PART 1. Basis For Your Request: Choose one only.

1. I am, my spouse is, or the head of household living in my household is currently receiving a Government Financial Assistance (Option 1). **(Fill out Part 2, 3, 4 and 7)**
2. My household income is at or below the income provided under Option 2 in the instruction part of this form. **(Fill out Part 2, 3, 5 and 7)**
3. I have a financial hardship. **(Fill out Part 2, 3, 5, 6, and 7)**

PART 2. Information About You (Requestor)

1. Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Marital Status

- Single, Never Married
 Married
 Divorced
 Widowed
 Marriage Annulled
 Separated

Other (Explain)

PART 3. Application for Which You Are Requesting a Fee Reduction

1. In the table below, add the name or the number of the form for which you are requesting a fee reduction.

Applications or Petitions for You and Your Family Members				
Full Name	A-Number (if any)	Date of Birth	Relationship to You	Forms Being Filed
	A		Self	
	A			
	A			
	A			
	A			
Total Numbers of Forms (including self)				

PART 4. Government Financial Assistance

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any Government Financial Assistance, list the information in the table below and attach supporting documentation.

Government Financial Assistance					
Full Name of Person Receiving the Benefits	Relationship To You	Name of Agency Awarding Benefit	Type of Benefits	Date Benefit Was Awarded	Date Benefit Expires

PART 5. Household Income

If you selected **Item Number 2. In Part 1**, complete this section.

Your Employment Status

1. Employment Status
 Employed Unemployed Retired Other (Explain):
2. If you are currently unemployed, are you currently receiving unemployment benefits: Yes No
A. Date you became unemployed
(mm/dd/yyyy)

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household: Yes No
A. If no, does your spouse provide any financial support to your household? Yes No

Your Annual Household Income

4. What is your household size? Include all persons you claimed as dependents
5. Your Annual Income:
6. Annual Income of All Family Members (do not include yourself):
7. Total Additional Income or Financial Support:
8. **Total Household Income: (add the amounts from Item Numbers 5, 6, and 7)**

PART 6. Financial Hardship

If you selected **Item number 3 in Part 1.**, complete this section

- 1. If you or your family member have a situation that has caused you to increase expenses, debts, or loss of income, describe the situation in the box below. Please be specific.

- 2. Total Monthly Expenses and Liabilities

Please provide the total monthly amount of expenses and liabilities for each item below:

Select all that apply

<input type="checkbox"/> Rent and/or Mortgage	<input type="text"/>	<input type="checkbox"/> Loans and/or Credit Cards	<input type="text"/>
<input type="checkbox"/> Food	<input type="text"/>	<input type="checkbox"/> Car Payment	<input type="text"/>
<input type="checkbox"/> Utilities	<input type="text"/>	<input type="checkbox"/> Commuting Coasts	<input type="text"/>
<input type="checkbox"/> Child/Elder Care	<input type="text"/>	<input type="checkbox"/> Medical Expenses	<input type="text"/>
<input type="checkbox"/> Insurance	<input type="text"/>	<input type="checkbox"/> Scholl Expenses	<input type="text"/>
<input type="checkbox"/> Other (explain)	<input type="text"/>		
	<input type="text"/>		

PART 7. Requestor's Statement, Contact Information, and Signature

- 1. Applicant's Statement

I hereby request to submit a Fee Reduction Application for the above listed service so I may be granted a low and/or no cost service. Under penalty of perjury, I certify that all statements made are accurate and I agree to provide supporting documentation for all entries. I have read the "Information Sheet on Fee Reduction" and understand this application is subject to approval and review based on the criteria established.

Requestor's Contact Information

- 2. Requestor's Daytime Telephone Number
- 3. Requestor's Mobile Telephone Number (if any)
- 4. Requestor's Email Address (if any)

PART 7. Requestor's Statement, Contact Information, and Signature

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with this application. ARLISS will deny your fee reduction request and may deny any services agreed thereafter.

Requestor's Signature

5. Requestor's signature

Date of Signature (mm/dd/yyyy)