



Erie County Department of Probation

Supervision Fee Financial Hardship Waiver Application

For Official Use Only
DATE RECV'D: _____

- Hardship waiver eligibility will be based on the Poverty Guidelines set forth by the Federal Government, which is based on household **gross** income and size. These guidelines are updated annually.
- Currently, the supervision fee is Thirty Five Dollars (\$35.00) per/month. When a waiver is approved, the supervision fee is reduced to Five Dollars (\$5.00) per/month for a period of six (6) months or otherwise stated.
- **This Financial Hardship Waiver will only reduce the SUPERVISION FEES. It will not cover or reduce any COURT ORDERED FINES, RESTITUTION, or SURCHARGE, nor will it reduce the DRUG TESTING and/or the ELECTRONIC MONITORING FEES.**

Please Print Clearly

Probation Officer: _____

Name: _____ Date of Birth: ___/___/___ Probation Pin# _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone#: (____) _____ Cellular Phone#: (____) _____

FINANCIAL INFORMATION: ALL HOUSEHOLD INCOME RECEIVED (BOTH EARNED AND UNEARNED) MUST BE LISTED BELOW AND SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION. Please see the reverse side of this application for acceptable forms of proof of income.

YOUR GROSS INCOME/BENEFIT AMOUNT: \$ _____ per/ _____ (Attach Proof)
(Weekly/Bi-Weekly/ Monthly)

INCOME SOURCE: _____
(Please list all sources i.e. Employer Name or Government Agencies such as Public Assistance, SSI /SSD Unemployment, Child Support, and Worker's Compensation etc.)

MARITAL STATUS: Single Married Separated Divorced

SPOUSE'S INCOME/BENEFIT AMOUNT: \$ _____ per/ _____ (Attach Proof)
(Weekly/Bi-Weekly/ Monthly)

SPOUSE'S INCOME SOURCE: _____
(Please list all sources i.e. Employer Name or Government Agencies such as Public Assistance, SSI /SSD Unemployment, Child Support, and Worker's Compensation etc.)

Application Submitted Without Acceptable Proof Attached Will Be Considered Incomplete and Rejected/Returned.
Please see the reverse side of this application for acceptable forms of proof of income.

(If more space(s) needed, please attach a separate page with the remaining members of the household)

List the name of every person in the house	Relationship to Applicant	Age	Employed (yes or no)

By signing this document I, _____ (PLEASE PRINT) **certify that the information I gave is complete and accurate to the best of my knowledge and I have supplied unaltered verifiable documentation to support the information I provided. I, further certify that I have read this document and understand that it is my responsibility to re-submit updated information every six (6) months unless granted a financial hardship waiver for my entire term of probation.**

Applicant's Signature: _____ Date: _____

Below are the posted Federal Poverty guidelines for 2013 based on gross income and household size. We will follow these guidelines to qualify individuals for a Supervision Fee Waiver.

2015 HHS POVERTY GUIDELINES				
Persons in Family/ Household	YEARLY	MONTHLY	BI-WEEEEKLY	WEEKLY
1	\$11,770	\$981	\$452	\$226
2	15,930	\$1328	\$612	\$306
3	20,090	\$1,674	\$772	\$386
4	24,250	\$2,021	\$932	\$466
5	28,410	\$2,326	\$1,092	\$546
6	32,570	\$2,368	\$1,252	\$626
7	36,730	\$3,061	\$1,412	\$706
8	40,890	\$3,408	\$1,542	\$786
For families/households with more than 8 persons, add \$4,160 for each additional person.		\$338	\$347	\$160

- **When figuring your household size, count yourself, a spouse and any children that are your dependents.**
- **Do not count a boyfriend/girlfriend or their children if they are not your dependents**
- **Do not count a roommate, your parents or siblings. (For example, you live with your parents and brothers and sisters, you are considered a household of one and should list only your income.)**

Acceptable forms of Proof of Income: All information submitted must be clearly marked with dates to support the time period in which applying.

- Payment Check Stub – Employment, worker’s compensation, and insurance
- Statement from Employer – must be on company letter head and list: Hire Date, Wage Amount, and Employment Status.
- Unemployment statements, acceptance letters – with start and end dates
- Official Record of Benefit Payment History
- Public Assistance Budget Sheet (Food Stamp Budget sheet alone is not enough)
- Erie County Department of Social Service Notice of Decision
- SI/SSD Notice of Award
- Child Support Orders, Statements and Stubs
- Military Statements
- Signed statement from person supporting you with documentation proving income or non-income and contact information for said person.

Approval/Denial Process

- Individuals who meet the above qualification and receive SSI, SSD, SSA, or Pension and provide proof, the supervision fees will be reduced to \$5 per month for their entire term of probation.
- Individuals who meet the above qualification based on any other income type and provide proof, the supervision fees will be reduced to \$5 per month, for a period of six (6) months. You must recertify every six (6) months to determine eligibility.
- Persons not meeting the above criteria will be denied a waiver of fees.

Please Note: The policy of this department regarding waivers may change without notice.

Please return your application along with income (or non-income) documentation to:

Kimberly Johnson
 Erie County Probation Department
 One Niagara Plaza – Room 217
 Buffalo, NY 14202

Do Not Write Below This Line – Official Use Only

- Application Denied** - Does not meet eligibility criteria
- Approved for Six (6) month period to cover** _____
- Approved for Entire Length of Probation term** _____

Approved/Denied By: _____ **Date:** _____