



**Dispute Resolution Center
Of Yakima and Kittitas Counties**
132 North First Avenue Yakima WA 98902

HARDSHIP DECLARATION FORM AND FEE REDUCTION APPLICATION
ALL APPLICATIONS MUST BE RETURNED WITHIN TWO WEEKS OF SCHEDULING THE MEDIATION

Name of Applicant _____ Phone _____

DRC Case # _____ DRC Invoice # _____ Fee Amount _____

DECLARATION

I submit this declaration in support of my request 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 Applicant)

Monthly gross household income, by type:

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

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

Briefly describe your hardship:

DOCUMENT DUE WITHIN TWO WEEKS OF YOUR MEDIATION SESSION DATE BEING CONFIRMED

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. Verification can be 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. All personal information will be destroyed after use. 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.

FOR OFFICE USE

Income verification attached? Tax return attached (last year's)?

Manager's Signature _____ Approved Amount _____ DRC Case # _____