

ACE Resources Sliding Fee Application

Date: _____

Client Name: _____

Provided Documentation:

Paycheck Stub (most recent 4 weeks) ☐

Unemployment Check Stub ☐

W-2 Form ☐

Social Security Check Stub ☐

Last Income Tax Return ☐

Written Statement from Employer *(To be used only if there is not written income verification)* ☐

Self-Declaration of Income *(Notarized)* ☐

Other ☐ _____

Initial Statements Below

_____ I am applying for a Sliding Fee Discount. I have provided the above documents.

_____ I understand that I am responsible for fees in full at the time of each service.

_____ If payment is not made, this could interrupt services until payment is made.

_____ Should circumstances change, I will inform ACE Resources prior to my next service.

_____ I understand that if the information is not received by the company in a timely manner, I will be responsible for all services at the standard rate of \$100/hr.

Sliding Scale Discount Schedule Based on Household Income and 2025 Federal Poverty Guidelines

Household Annual Salary	Hourly Rate
Below \$30,000/yr	\$40
\$30,000-60,000/yr	\$60
\$60,000-90,000/yr	\$80
\$90,000+ /yr	\$100

I understand that if I require any additional types of service, I will be informed in writing in advance of the service being provided. Annual renewal of application is required.

Client Signature

Date

ACE Resources Representative Signature

Date

For Office Use Only

Based on the information provided, you qualify for a Sliding Scale Fee/Discount of _____.