**Financial Hardship Policy**

**Purpose**
Hampshire Towing, hereinafter referred to as “HT”, has established this policy in order to maintain consistency in assisting uninsured and indigent applicants who request a reduction or waiver of certain charges. **This application needs to be received within fourteen (14) days of the incurred charges.**

This policy outlines HT policies and procedures in relationship to the application and approval process for indigent person(s). HT will take into account the overall financial circumstances of the applicant and apply this policy consistently.

**If approved, HT may elect to reduce or waive certain amounts which are due, if the applicant can successfully demonstrate that paying towing, storage, and other ancillary charges would cause them significant financial hardship.**

Invoice #: HT\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASC \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOI\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Misc. Info \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Hardship Criteria**
HT will take into account a range of factors when deciding whether the full payment of the charges will cause the applicant financial hardship. In making the decision whether to waive a fee or fees, HT will compare the amount earned, living expenses, assets, and debts. Written verification may be require to substantiate and verify information contained in the financial hardship application.

In applying these guidelines, HT will also consider and take into account any other income and expenses, including money earned in the entire household. Income and employment status verification may be required, including tax returns, check stubs, etc. The following factors will be taken into account:

• Whether payment of the charges will affect the applicant’s ability to pay for the following living expenses:
 • Food & clothes
 • Rent or mortgage payments
 • Any other basic needs
 • Any special needs (for a serious illness or disability)

• Whether the applicant owns any assets, such as a car or house. Assets also include:
 • Investments
 • Money in the bank
 • Cash on hand for short term expenses
 • Money designated for special needs

**Application Process for Financial Hardship**An application for a financial hardship waiver of towing charges and fees must be made in accordance with Hampshire Towing’s, hereinafter referred to as HT, policy entitled “Financial Hardship”.

Applicants can request and complete a Financial Hardship Application Form. This form can be obtained by calling (413)534-5373 or by visiting the HT business office at 650 New Ludlow Rd, South Hadley, MA 01075, during regular business hours (9:00am-5:00pm). Forms can also be requested, through submission of a written request, to the above listed address for the HT business office.

If applying in person, please be prepared to offer written verification of the necessary information about your financial circumstances. If you have difficulty performing any of these tasks, please contact HT at (413)534-5373. Applicants are required to return the completed forms and submit all required documentation to HT. **Storage fees will not be charged during the review process.**

**Required Information**
HT may require independent information to support claims of financial hardship, including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by HT administrative staff involved in processing requests for waiver of towing charges.

**Time Frame**
After an application and verification information is received, HT will consider the overall financial situation of the applicant and then render a decision. HT has designated the authority to grant or reject requests for financial hardship waivers to the Municipal Operations Director. All decisions will be made within ten (10) working days from the time that HT receives and reviews all required information.

Applicants will receive a notification letter outlining whether or not the application has been approved or rejected. If your request for a waiver of the charges is rejected, HT will provide the applicant with a written summary and explanation of its decision.

HT administrative staff will maintain all documents related to the financial hardship waiver process. This documentation will include all supporting documents including the waiver request and all documents provided in support of the request.

In applying these guidelines, HT will also consider and take into account all other income and expenses, including money earned in the entire household. Income and employment status verification may be required, including tax returns, check stubs, etc.

Income shall be annualized from the date of request based on documentation provided, and upon verbal information provided by the applicant. The process will also take into consideration seasonal employment and temporary increases and/or decreases to income.

***Any denial of “financial hardship” discount requests will be written and are final.***

Please complete the attached application. Your request cannot be processed unless the application is fully completed and signed!

**Financial Hardship Application**

• Please briefly describe your indigent circumstances and why this does not allow you the pay the charges:

• What is the best time to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM

• Application Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ HT Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SS: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Date of Service: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Alternate Date of Service: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Person Completing this Application (if different from the name above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Number of Family Members (Living in Household): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List **All** Current Employers:

Are you currently employed? YES NO If you answered no, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer 1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

**Employer 2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

**This document is signed under the pains and penalties of perjury.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following documentation of income. Appropriate documentation of financial hardship with be one (1) of the following:

1. Documented proof that the applicant is at or below 135% of the current federal poverty guidelines. (See attachment A for current federal HHS guidelines) Documents may include, but are not limited to:
 • W-2 withholding statements or unemployment check stubs for the past 90 days
 • Pay check stubs for the past 90 days for all persons employed in the home
 • Income tax return (most recent signed 1040 or W-2)
 • Proof of all other income received in the past 90 days
 • Application forms from Medicaid or other state-funded medical assistance program
 • Forms from employers or welfare agencies

2. Applicant has other circumstances that indicate financial hardship. These can be situations such as:
 • Proof of all outstanding debts or bills (copies of bill, statements, late notices, etc.)
 • Proof of bankruptcy settlement (if applicable)
 • Catastrophic situations (death or disability in family, divorce, etc.)
 • Any other documentation which demonstrates the applicant would be unable to pay medical bills and still be
 able to pay for other basic, necessary expenses

**Monthly Family Income & Source**
 Applicant Spouse Dependent
Monthly Salary (Gross) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Public Assistance Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Unemployment Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Social Security Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Workman’s Compensation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Other (Alimony, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Family Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby acknowledge that the information herein is true and correct. I authorize* ***Hampshire Towing*** *to verify any information in this document for the sole purpose of assessing financial need.*Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_