WE C.A.N HELP

Financial Hardship Application Overview

Apply for Aid

Compass Accounting Network (We C.A.N Help) is dedicated to helping low-income individuals and families by offering essential financial services. If you meet the eligibility criteria, you can apply for aid through our streamlined process.

Eligibility Criteria

To qualify for C.A.N.'s assistance, applicants must meet the following criteria:

Your total annual income should align with the 2024 federal poverty level guidelines based on household size. See the income thresholds below:

Lower 48 States

- Household Size of 1: $15,060
- Household Size of 2: $20,440
- Household Size of 3: $25,820
- Household Size of 4: $31,200
- Household Size of 5: $36,580
- Household Size of 6: $41,960
- Household Size of 7: $47,340
- Household Size of 8: $52,720

Note: Applicants who do not meet the income level criteria are kindly requested not to apply for financial assistance.

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Services Offered

Tax Preparation & Strategies

Our expert team offers comprehensive tax preparation services, helping you navigate complex tax codes, maximize deductions, and ensure accurate filings, whether you're an individual or a small business.

Budgeting

We provide personalized budgeting guidance to help you create a realistic budget, track expenses, and make informed financial decisions.

W4 Filing & Tax Estimation

We'll assist with W-4 adjustments and estimated tax payments, explaining the process and optimizing your withholdings.

Training

Enhance your financial literacy through our training sessions, covering topics like investment strategies and retirement planning.

Consultations

Our team offers personalized financial advice, tailored to your unique circumstances, to help you achieve your financial goals.

Business Management

For small business owners, we provide business management support, including financial planning and payroll assistance.

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Application Process

1.Complete the C.A.N. Application:

All fields are required.

2.Provide Necessary Documents:

- 60 days of bank statements
- Recent paystub
- Social Security or pension document
- Driver’s license

3. Upload Documents:

Select the "Upload" button on the “Apply For Aid” website to upload your C.A.N. application and supporting documents.

4. Schedule Service:

Upon approval, applicants will receive a calendar link via email to schedule their selected service within 30 days.

Rescheduling and Special Conditions

What if I need to reschedule my appointment?

You are allowed one reschedule. If the appointment link expires, you’ll need to reapply.

Failure to Meet the Rescheduling Eligibility:

If an applicant fails to meet the eligibility criteria within 7 days, they will be suspended indefinitely from the service. Special exemptions may apply.

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Avoiding Suspension:

To avoid suspension, applicants can email us stating that they do not need the service at this time:

- Within 21 days (upon receiving the calendar link), email us if you do not need the service.
- Within 7 days (during the reschedule period), if you miss your appointment, you have 7 days to reschedule.

Additional Information

Can other household members apply?

Yes, other household members (such as dependents, cousins, nieces, parents, or college students) can submit their own application if they provide more than half of their own support.

Is remote service available?

Yes, we offer virtual services via Google Meet or Zoom, as well as in-office appointments. For tax filing services only, C.A.N. volunteers are available to drive to locations within a 10-mile radius. Our volunteers are equipped to file paperwork from their vehicles and are not permitted to enter clients' homes. Additionally, we also offer a service where C.A.N. representatives will travel to clients' homes. Please note that all representatives will remain in a marked "We C.A.N Help" vehicle and will not enter clients' homes for tax preparation purposes.

Checking Application Status

If your application is outside of the 30-day processing time, you can check the status by emailing **info@compassaccountingnetwork.org.**

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Applicant Information

Full Name:	
Date of Birth:	
SSN:	
Address:	
City/State/Zip:	
Phone No:	
Email Address:	

Spouse Information

Full Name:	
Date of Birth:	
SSN:	
Address:	
City/State/Zip:	
Phone No:	
Email Address:	

Current Employment Status:

- ☐ Employed
- ☐ Unemployed
- ☐ Referral (please specify):
- ☐ Other (Specify)

Employer:	
Position:	
Length of Employment:	
Monthly Income:	

- ☐ Employed
- ☐ Unemployed
- ☐ Referral (please specify):
- ☐ Other (Specify)

Employer:	
Position:	
Length of Employment:	
Monthly Income:	

Source(s) of Income: (e.g., Employment, Social Security, Disability, etc.)

Total Monthly Income:

Household Information

Number of People in Household:

List of Household Members:

Name, Age, Relationship

Name, Age, Relationship

Name, Age, Relationship

Name, Age, Relationship

Name, Age, Relationship

Name, Age, Relationship

Financial Hardship Details

Describe the nature of your financial hardship:

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How has this hardship affected your ability to meet your financial obligations?

Are there specific expenses you are struggling to pay? (e.g., rent, utilities, medical bills):

Have you applied for or received any other assistance? (e.g., government aid, food stamps, etc.):

- ☐ Yes (Provide Details)
- ☐ No

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Compass Accounting Network Employee Application Form

Services Requested

There is a 90-day waiting period before applying for each service. If an applicant currently has a pending service, the application period begins after the completion of that service. Applicants cannot have multiple pending applications simultaneously.

(Select the services you are applying for assistance with):

- ☐ Tax Preparation & Strategies
- ☐ Budgeting Assistance
- ☐ W4 Filing & Tax Estimation
- ☐ Financial Training
- ☐ Financial Consultations
- ☐ Business Management Support

Supporting Documents

Please attach the following documents to your application:

1. Proof of Income: (e.g., recent pay stubs, Social Security statements)
2. Bank Statements: (Last 60 days)
3. Identification: (e.g., Driver's license, state ID)
4. Any other relevant documents: (e.g., medical bills, eviction notices)

Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false information may result in the denial of assistance and possible legal action. I authorize Compass Accounting Network (C.A.N.) to verify any information provided in this application.

Signature

Date

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