



Fee Waiver Request Form

Client Name: _____ Date of Request: _____
 Client Last 4 Digits of SSN: _____ State of Residence: _____
 Client Phone Number: _____ Client Alt Phone: _____
 Attorney Name: _____ Law Firm or BTX : _____
 Attorney email address _____

Chapter 7: ☐ Fee Waiver Form (for **online** Credit Counseling and Debtor Education courses)

Chapter 13: ☐ Online Credit Counseling course OR ☐ Online Debtor Education course
 Chapter 13 Requires a Fee Waiver Form be submitted for each course

To qualify for a Fee Waiver, the Household Income must be less than the numbers listed in the chart below. Fee Waiver Requests must be submitted and approved before courses are taken.

How many persons are in your family or household? (Circle your selection)	48 Contiguous States and DC, PR, VI, Guam	Alaska	Hawaii
1	\$ 21,870	\$ 27,315	\$ 25,155
2	\$ 29,580	\$ 36,960	\$ 34,020
3	\$ 37,290	\$ 46,605	\$ 42,885
4	\$ 45,000	\$ 56,250	\$ 51,750
5	\$ 52,710	\$ 65,895	\$ 60,615
6	\$ 60,420	\$ 75,540	\$ 69,480
7	\$ 68,130	\$ 85,185	\$ 78,345
8	\$ 75,840	\$ 94,830	\$ 87,210
For each additional Person, add	\$ 7,710	\$ 9,645	\$ 8,865

Please submit the following documents:

- This "Fee Waiver request Form"
- Last year's tax return
- Most recent 1 month of paystubs

Return the required documents by one of the following methods and you will be contacted within 1-2 business days and given the results of your request:

- EMAIL: feewaiver@debt-foundation.org (include the subject "Fee Waiver Request" on your email)
- FAX: 1.866.725.9008 (subject "Fee Waiver Request") or MAIL: DECAF, 114 Goliad Street, Benbrook, TX 76126