

DECAF

DEBT EDUCATION AND CERTIFICATION FOUNDATION

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 Attorney Code: _____

Attorney email address _____

Chapter 7: Fee Waiver Form (for **online** pre- and post-bankruptcy courses)

Chapter 13: Online pre-bankruptcy course OR Online after bankruptcy course
Chapter 13 Requires a Fee Waiver Form be submitted for each course

Number of people living in the household _____ adults _____ children

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?	48 Contiguous States and DC, PR, VI, Guam	Alaska	Hawaii
1	\$ 22,590	\$ 28,215	\$ 25,965
2	\$ 30,660	\$ 38,310	\$ 35,250
3	\$ 38,730	\$ 48,405	\$ 44,535
4	\$ 46,800	\$ 58,500	\$ 53,820
5	\$ 54,870	\$ 68,595	\$ 63,105
6	\$ 62,940	\$ 78,690	\$ 72,390
7	\$ 71,010	\$ 88,785	\$ 81,675
8	\$ 79,080	\$ 98,880	\$ 90,960
For each additional Person, add	\$ 8,070	\$ 10,095	\$ 9,285

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