



PO Box 5012
Freehold, NJ 07728-5012
1-877-892-4557

Fee Waiver Request Form for Bankruptcy Courses

Name: _____

Co-filer (If Applicable): _____

Address: _____

Phone #: _____ Email: _____

Navicore Solutions Intake # _____

I am requesting a fee waiver for my required bankruptcy course based on the following:
(please check all that apply)

- My total household income meets the poverty guideline as defined by the HHS Guideline for 2016. (Please consider all household members income whether they are co-filers in the bankruptcy or not.)

How many people are in your household? _____

What is your total monthly household income? _____

- I am being represented by an attorney on a pro bono (free of charge) basis.

As proof of my eligibility for a fee waiver I am enclosing the following documents:

- Last year's tax return and one month of pay-stubs, unemployment or social security checks.
- A letter from my attorney or Legal Services stating my case is being handled pro bono (free of charge).



PO Box 5012
 Freehold, NJ 07728-5012
 1-877-892-4557

2016 POVERTY GUIDELINES					
The 48 Contiguous States and the District of Columbia		Alaska		Hawaii	
Persons in household	150% of the Poverty Guideline (Monthly)	Persons in household	150% of the Poverty Guideline (Monthly)	Persons in household	150% of the Poverty Guideline (Monthly)
1	\$1,485	1	\$1,855	1	\$1,709
2	\$2,003	2	\$2,503	2	\$2,304
3	\$2,520	3	\$3,150	3	\$2,899
4	\$3,038	4	\$3,798	4	\$3,494
5	\$3,555	5	\$4,445	5	\$4,089
6	\$4,073	6	\$5,093	6	\$4,684
7	\$4,591	7	\$5,740	7	\$5,279
8	\$5,111	8	\$6,390	8	\$5,876
Add this amount for each additional person	\$520	Add this amount for each additional person	\$650	Add this amount for each additional person	\$598

Please mail, fax or scan and email both pages of this form along with the required documents to:

Navicore Solutions
Bankruptcy Department
PO Box 5012
Freehold, NJ 07728-5012

Fax #: (732)863-5040
 Email: bkcounseling@navicoresolutions.org

Under the penalty of perjury I certify that the above statements and the accompanying information are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____