



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

## Fee Reduction & Waiver Request Form for Credit Counseling

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

Co-Client (If Applicable): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Navicore Solutions Intake # \_\_\_\_\_

I am requesting a fee reduction for my credit counseling based on the following: (please check all that apply)

- My total household income meets the poverty guideline as defined by the HHS Guideline for 2023. (Please consider all household members income whether they are co-clients or not).

How many people are in your household? \_\_\_\_\_

What is your total monthly household income? \_\_\_\_\_

- I am in an extreme financial hardship or circumstance.

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.
- Verification of hardship (support shelter, social service and/or charity care, imprisonment or release programs, etc.)



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

2023 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	\$1,823	1	\$2,276	1	\$2,096
2	\$2,465	2	\$3,080	2	\$2,835
3	\$3,108	3	\$3,884	3	\$3,574
4	\$3,750	4	\$4,688	4	\$4,313
5	\$4,393	5	\$5,491	5	\$5,051
6	\$5,035	6	\$6,295	6	\$5,790
7	\$5,678	7	\$7,099	7	\$6,529
8	\$6,320	8	\$7,903	8	\$7,268
Add this amount for each additional person	\$643	Add this amount for each additional person	\$804	Add this amount for each additional person	\$739

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

**Navicore Solutions**  
**Counseling Department**  
 PO Box 5012  
 Freehold, NJ 07728-5012

Fax #: (732)863-5040  
 Email: [counseling@navicoresolutions.org](mailto:counseling@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.

Client Signature: \_\_\_\_\_

Co-Client Signature: \_\_\_\_\_

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