



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 2024. (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.)



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2024 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	\$1,883	1	\$2,351	1	\$2,164
2	\$2,555	2	\$3,193	2	\$2,938
3	\$3,228	3	\$4,034	3	\$3,711
4	\$3,900	4	\$4,875	4	\$4,485
5	\$4,573	5	\$5,716	5	\$5,259
6	\$5,245	6	\$6,558	6	\$6,033
7	\$5,918	7	\$7,399	7	\$6,806
8	\$6,590	8	\$8,240	8	\$7,580
Add this amount for each additional person	\$673	Add this amount for each additional person	\$841	Add this amount for each additional person	\$774

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

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: _____