



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 2025. (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).



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2025 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	\$1,956	1	\$2,444	1	\$2,249
2	\$2,644	2	\$3,304	2	\$3,040
3	\$3,331	3	\$4,164	3	\$3,831
4	\$4,019	4	\$5,024	4	\$4,623
5	\$4,706	5	\$5,884	5	\$5,414
6	\$5,394	6	\$6,744	6	\$6,205
7	\$6,081	7	\$7,604	7	\$6,996
8	\$6,769	8	\$8,464	8	\$7,788
Add this amount for each additional person	\$688	Add this amount for each additional person	\$860	Add this amount for each additional person	\$791

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: _____