

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 2026. (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

2026 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	\$1,995	1	\$2,494	1	\$2,295
2	\$2,705	2	\$3,381	2	\$3,111
3	\$3,415	3	\$4,269	3	\$3,928
4	\$4,125	4	\$5,156	4	\$4,744
5	\$4,835	5	\$6,044	5	\$5,560
6	\$5,545	6	\$6,931	6	\$6,376
7	\$6,255	7	\$7,819	7	\$7,193
8	\$6,965	8	\$8,706	8	\$8,009
Add this amount for each additional person	\$710	Add this amount for each additional person	\$888	Add this amount for each additional person	\$816

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: _____