



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 2018. (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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2018 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	\$1,518	1	\$1,898	1	\$1,745
2	\$2,058	2	\$2,573	2	\$2,366
3	\$2,598	3	\$3,248	3	\$2,988
4	\$3,138	4	\$3,923	4	\$3,609
5	\$3,678	5	\$4,598	5	\$4,230
6	\$4,218	6	\$5,273	6	\$4,851
7	\$4,758	7	\$5,948	7	\$5,473
8	\$5,298	8	\$6,623	8	\$6,094
Add this amount for each additional person	\$540	Add this amount for each additional person	\$675	Add this amount for each additional person	\$621

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: [bkccounseling@navicoresolutions.org](mailto:bkccounseling@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: \_\_\_\_\_