

CREDIT COUNSELING FEE WAIVER REQUEST FORM

You must complete in full, sign and fax, email or mail this form, along with documentation, to:

Fax: 1-800-780-5965 or office@summitfe.org

Summit Financial Education, Attn: Fee Waivers, 465 Nicollet Mall, #1501, Minneapolis, MN 55401

YOU WILL RECEIVE A RESPONSE IN MAXIMUM 2 BUSINESS DAYS

Emergency Filing? Call or Email Us!

The Fee Waiver entitles the recipient to free email-based counseling or a discount equivalent to the current regular price of email-based counseling.

Please complete and submit this cover sheet and at least one of the documents listed below:

- **If attorney is working pro bono:** a letter of attorney's letterhead attesting to pro bono services provided
- **If claiming dependents:** the first page of the most recent 1040 tax return
- **If employed:** 2 consecutive pay stubs from an employer for each individual working in the household
- **If unemployed:** unemployment documentation from the area or state employment commission
- **If receiving SSI, Disability, or other means-tested benefit income:** documentation from the appropriate local benefit office
- **If receiving pension payments:** appropriate pension documentation
- **If self-employed:** Clients who do not have check stubs may send a copy of their most recent tax forms or documentation from their accountant showing their income.

Name: _____

Name of Joint Counselee (if applicable): _____

Address: _____

EMAIL ADDRESS: _____

I am currently: employed unemployed disabled retired (select one)

My spouse is currently: employed unemployed disabled retired (select one)

Total monthly household income: \$ _____

Number of dependents in household: _____

My attorney is working *pro bono*: yes no (select one)

Under penalties of perjury, I (we) declare the above and attached documents to be true and accurate:

Counselee

Joint Counselee

Date