

CREDIT COUNSELING FEE WAIVER DOCUMENTATION FORM

COMPLETE THIS FORM AND SUBMIT IT WITH DOCUMENTATION

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

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

Summit Financial Education, Inc., 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. complete, in addition to the online portion of the course.

Name: _____

Name of Joint Counselor (if applicable): _____

Address: _____

EMAIL ADDRESS: _____

I am currently: employed unemployed disabled retired

My spouse is currently: employed unemployed disabled retired

Total monthly household income: \$ _____

Number of dependents in household: _____

My attorney is working pro bono yes no

SUBMIT AT LEAST ONE OF THE FOLLOWING: (check box for the documentation you are attaching)

If attorney is working pro bono: a letter of attorney's letterhead attesting to pro bono services provided

If receiving SSI, Disability, or other means-tested benefit income: documentation from the appropriate local benefit office

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 claiming dependents: the first page of the most recent 1040 tax return

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.

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

Counselor _____

Joint Counselor _____

Date _____