

## DEBTOR EDUCATION 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, Inc., Attn: Fee Waivers, 465 Nicollet Mall, #1501, Minneapolis, MN 55401

*Did you receive a Fee Waiver for the pre-filing Credit Counseling course from Summit? You don't need to submit another request. Call or email HelpDesk to have the DE Fee Waiver applied to your account.*

**YOU WILL RECEIVE A RESPONSE BY EMAIL IN 2 BUSINESS DAYS**

***Emergency? Call or Email Us!***

Fee Waivers entitle the recipient to complete the reading-based on-line course, or an equivalent discount from a higher-priced course service. Please complete and submit this cover sheet and at least one of the documents listed below:

- **Copy of Schedule I (Form B6I) of your bankruptcy petition**
- **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 Debtor (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**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

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

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Joint Debtor

\_\_\_\_\_  
Date