

DECAF

DEBT EDUCATION AND CERTIFICATION FOUNDATION

Fee Waiver Request Form

Name: _____ Date of Request: _____

Last 4 digits of SSN: _____ State of residence: _____

Phone number: _____ Alt Phone: _____

To qualify for a Fee Waiver, your household income must be less than the numbers listed in the chart below.

2009/2010 HHS Poverty Guidelines

How many persons are in your family or household? (Circle your selection)	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 16,245	\$ 20,295	\$ 18,690
2	\$ 21,855	\$ 27,315	\$ 25,140
3	\$ 27,465	\$ 34,335	\$ 31,590
4	\$ 33,075	\$ 41,355	\$ 38,040
5	\$ 38,685	\$ 48,375	\$ 44,490
6	\$ 44,295	\$ 55,395	\$ 50,940
7	\$ 49,905	\$ 62,415	\$ 57,390
8	\$ 55,515	\$ 69,435	\$ 63,840
For each additional Person, add	\$ 5,610	\$ 7,020	\$ 6,450

Please submit the following documents:

- This "Fee Waiver request Form"
 - Schedule I of your bankruptcy Schedules (If prepared)
- OR
- Last year's tax return AND
 - 1 month of paystubs

Return the required documents by one of the following methods and you will be contacted within 1-2 business days and given the results of your request:

- EMAIL: feewaiver@debt-foundation.org (include the subject "Fee Waiver Request" on your email)
- FAX: 1-866-725-9008 (subject "Fee Waiver Request")
- MAIL: DECAF
114 Goliad Street
Benbrook, TX. 76126