

## **Pre-Discharge Debtor Education - Income Verification Form**

## Note: Fees are Waived or Reduced Based on Hardship or Ability to Pay

Classification	Fee	Check Below
At or Below Poverty Level	\$0.00	
Low Income Household	\$25.00	
Persons on Disability or Social Security	\$25.00	
All Other Households	\$50.00	

	2013			2013		* The income
Size of	Poverty		Size of	Poverty		levels were
Family Unit	Level*	Low Income	Family Unit	Level*	Low Income	developed using the
						poverty
1	\$11,490.00	\$15,511.00	6	\$31,590.00	\$42,646.00	
_	4		_	4	4	published by
2	\$15,510.00	\$20,938.00	7	\$35,610.00	\$48,073.00	Department of
3	\$19,530.00	\$26,365.00	8	\$39,630.00	\$53 500 00	Health and
4	\$23,550.00	\$31,792.00	Each Additional Person	\$4,020.00	\$5,427.00	Services.
5	\$27,570.00	\$37,219.00				

## **Certification of Income**

I/We	certify that the fee level I/we selected above					
accurately describes our income or situation. I understand that I can request that the fee charge						
be waived or further reduced by De	bt Managemen	t Credit Counseling Corp due to other	er hardships.			
Applicant Name		Co-Applicant Name				
Signature	Date	Signature	Date			

Rev 2, 12/4/13