



Pre-Bankruptcy Credit Counseling - Income Verification Form

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

Classification	Fee	Check Below
At or Below Poverty Level	\$0.00	
All Other Households	\$30.00	

Size of Family Unit	2020 Poverty Level*	Low Income	Size of Family Unit	2020 Poverty Level*	Low Income	* The income levels were developed using the poverty guidelines published by the Department of Health and Human Services.
1	\$12,760.00	\$19,140.00	6	\$35,160.00	\$52,740.00	
2	\$17,240.00	\$25,860.00	7	\$39,640.00	\$59,190.00	
3	\$21,720.00	\$32,580.00	8	\$44,120.00	\$66,180.00	
4	\$26,200.00	\$39,300.00	Each Additional Person	\$4,480.00	\$6,720.00	
5	\$30,680.00	\$46,020.00				

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 charged be waived or further reduced by Debt Management Credit Counseling Corp. due to other hardships.

Applicant Name

Co-Applicant Name

Signature

Date

Signature

Date