



Income Verification Form

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

Classification	Pre-Filing Coun Fee	Pre-Dischg Course Fee	V
At or Below Poverty Level	\$0.00	\$0.00	
Low Income Household	\$25.00	\$15.00	
Persons on Disability or Social Security	\$25.00	\$15.00	
All Other Households	\$50.00	\$25.00	

Size of Family Unit	2014 Poverty Level*	Low Income (150%)*	Size of Family Unit	2014 Poverty Level*	Low Income (150%)*	* The income levels were developed using the poverty guidelines published by the U.S. Department of Health and Human Services.
1	\$11,670.00	\$17,505.00	6	\$31,970.00	\$47,955.00	
2	\$15,730.00	\$23,595.00	7	\$36,030.00	\$54,045.00	
3	\$19,790.00	\$29,685.00	8	\$40,090.00	\$60,135.00	
4	\$23,850.00	\$35,775.00	Each Additional Person	\$4,060.00	\$6,090.00	
5	\$27,910.00	\$41,865.00				

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

Rev 3, 3/31/14