



FEE WAIVER REQUEST FORM

PLEASE SAVE THIS DOCUMENT ON YOUR DESKTOP BEFORE FILLING IN ANY FIELDS.

Complete this form in its entirety and attach documentation verifying your monthly income (e.g., social security award letter, paycheck stub, etc.). Once we have received a complete form with documentation (via email, fax, or mail), we will respond within three business days with our fee waiver determination. (Our email address is Bankruptcy@apfsc.org and our fax number is 800-990-3735

1. First name: _____ Last name: _____

If married:

Spouse first name: _____ Last name: _____

2. Including yourself, your spouse, and your dependents, how many people are in your household?

3. Total combined **monthly** income before taxes (including income from you, your spouse, and your children, if applicable): _____

4. **Monthly** Expenses

Housing: _____

Food: _____

Transportation: _____

Cable TV/Entertainment/Movies: _____

Smoking/Alcohol/Gambling: _____

Vacations: _____

Gifts: _____

Total: _____

5. Amount of cash you have on hand: _____
6. Amount of money you have in savings, checking, other bank accounts, or other financial accounts: _____
7. Large items you or your spouse own:

Home value: _____ Amount owed on mortgage: _____

Motor vehicle value: _____ Amount owed on car loan: _____

8. Have you paid or will you pay an attorney or bankruptcy preparer to assist you in filing bankruptcy?

___ Yes

___ No

If yes, how much will you pay your counsel/preparer by the end of the process?

"I certify that all statements and information furnished within and as a part of this statement are true, complete and correct to the best of my knowledge, and are made in good faith. I understand that statements or information furnished within or as part of this form are subject to verification and I agree to furnish any supporting documents or information upon request. I also understand that any intentional misstatements will be considered as sufficient cause to reject this application. If I choose to provide an electronic signature, I agree that my electronic signature will serve as the legal equivalent of a manual signature on this form."

Signature: _____ **Date:** _____

Name (Print): _____

Spouse's Signature (If applicable): _____

Spouse's Name (If applicable): _____

Bankruptcy Case Number: _____

Last Four Digits of Your Social Security Number: _____ **State:** _____

Email Address: _____ **Phone:** _____

You would like to take the course by: ___ internet ___ phone