

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	\$25.00	

Size of	2021			2021		* The
Family	Poverty	Low	Size of	Poverty	Low	income
-	-			•	_	levels were
Unit	Level*	Income	Family Unit	Level*	Income	developed
						using the
1	\$12,880.00	\$19,140.00	6	\$35 <i>,</i> 580.00	\$52,740.00	poverty
						guidelines
2	\$17,420.00	\$25,860.00	7	\$40,120.00	\$59,190.00	
						by the
3	\$21,960.00	\$32,580.00	8	\$44,660.00	\$66,180.00	Department of Health
			Each Additional			and Human
4	\$26,500.00	\$39,300.00	Person	\$4,540.00	\$6,720.00	Services.
5	\$31,040.00	\$46,020.00				

<u>Certification</u>	of Income

I/We		certify that the fee level I/we selected above				
accurately describes our in-	come or situation. I	understand that I can request that	the fee charged			
be waived or further reduce	ed by Money Manago	ement Counselors due to other har	dships.			
Applicant Name		Co-Applicant Name				
Signature		Signature	Date			

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