

**Bankruptcy Services Fee Policy and Request for Waiver of Fee**

Each person requesting either pre-filing counseling or pre-discharge debtor education shall receive a copy of this policy at the time service is requested.

Fees (acceptable method of payment: cash, personal check, money order, credit or debit card)

Pre-Filing Counseling – Available in-person, by telephone or online

Individual Filers or Joint Filers attending separate sessions	\$50.00 per session
Joint Filers attending the same session	\$65.00 per session

Pre-Discharge Debtor Education – Available in classroom or internet formats

Individual Filers	\$25.00 per class
Joint Filers	\$30.00 per class

Services are provided to all without regard to your ability to pay.  
Pre-filing counseling, in and of itself, will not impair your credit rating.

**Waiver of Fees**

In accordance with the provisions of the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 (BAPCPA), Horizons will, upon request, waive the fee for debtors receiving pre-filing counseling or the pre-discharge debtor education whose household income is less than 150% of the Federal Poverty Guidelines. We will also waive fees for clients whose entire household income is derived from Social Security or other government benefit programs. To request a waiver, complete the information below and submit this form at the time you receive services. Refer to the following table based on the 2019 HHS Poverty Guidelines. Income from adults living in the household who are not dependents of the debtors does not qualify.

Debtor Name: \_\_\_\_\_ Co-Debtor Name: \_\_\_\_\_

**The request is based on (please attach proof of annual household income – tax return, benefits statement, letter from attorney etc):**

\_\_\_ My household income is less than 150% of the Federal Poverty Guidelines as defined by the following table.

Total in our household \_\_\_\_\_ Total annual household income before all deductions \_\_\_\_\_

\_\_\_ My household income is derived solely from Social Security or other government benefits.

**2019 HHS Poverty Guidelines (150% of federal poverty guidelines)**

Family Size	Annual Income 150%
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,145

\$6,630 for each additional person

I certify that the above information and attached statements are true and correct to the best of my knowledge.

Signature(s) \_\_\_\_\_  
Date \_\_\_\_\_

Horizons Staff: Income/Source Verified\_\_\_ Approved\_\_\_ Declined\_\_\_ Staff Initials\_\_\_