



Credit Counseling Fee Waiver Request Form

First Name		Last Name		Last 4 Digits of SSN#	
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Mailing Address (Number and street)		Apt #	
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City or Town		State		Zip Code	
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Phone Number		E-mail	
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Number of adults in family		Number of family members in the household	
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Financial Information

Please list all income for each member of the household regardless of whether they are or are not filing for bankruptcy. Sources of income would include income from a job, support payments, retirement income, disability, social security etc.

Client Source of Income

Gross Income per Month
(Before taxes and deductions)

Spouse Source of Income

Gross Income per Month
(Before taxes and deductions)

Supporting documents are required with any fee waiver request. Please send a copy of paystubs, social security benefit, tax return or any other documents to support the information above. PLEASE BLACKOUT ANY SOCIAL SECURITY NUMBERS BEFORE FORWARDING.

I hereby affirm that the financial information provided regarding my family is complete and accurate. I am sending supporting documentation along with this application to customerservice@butterflyfe.com for evaluation or by mail to:

Butterfly Financial Education, Inc
P.O. Box 6688
Ocean Isle Beach, NC 28469

Signature _____ **Date** _____