



**Fee Waiver Request Form**

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

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  
96 Oak Creek Drive  
Clayton, NC 27520.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_