



# Fee Waiver Request

Please complete this form and attach documentation verifying your income (Schedule I from your bankruptcy petition is preferred, or you can send us a minimum of the last 60 days of your paystubs). Once we receive the completed form and proof of income documentation, we will process your fee waiver and you will receive e-mail confirmation once this process is complete.

If you are seeking a fee waiver prior to taking the course, please make sure you have created an account prior to submitting your fee waiver request. If you are seeking a fee waiver refund for a course fee that has already been paid, your ability to request a fee waiver expires after 60 days from the date payment was originally received. You can e-mail the fee waiver request to us at: [support@beadviser.com](mailto:support@beadviser.com) fax it to us at: (877) 419-2702, or mail it to us.

1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Spouse's First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
(if applicable)

2. What is your household size?  
(Example: You, your spouse, and two children would be a household size of 4).

3. What is your combined household yearly gross income \_\_\_\_\_ \$  
(include all income sources, and your spouse's income, if available)

I / we hereby certify that all information provided on this form and in the attachments are true and correct to the best of my knowledge and belief. I / we understand that all information provided in this form and in the attachments are subject to verification and I / we agree to provide any documents requested for further verification.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name  
(Print):

Spouse's Signature:  
(if applicable)

Spouse's Name:  
(Print, if applicable)

Bankruptcy Case  
Number:

District:

Account Email  
Address:

Phone:

**(Remember to attach proof of income to this form, see instructions at the top of the form)**