

**Center for Child and Family Services
Consumer Credit Counseling Services of Hampton Roads
2021 Cunningham Drive Suite 400, Hampton VA 23666
Ph: 757-826-2227**

Waiver Request Form- 2021

Name: Filer 1 _____ Name: Filer 2 _____
Address _____
Phone number _____ Email _____

I (We) are requesting a waiver for my/our required bankruptcy course.

Our household income meets the poverty guidelines as defined by the HHS. (See the chart below.)

Total in our household _____

Total monthly household income before all deductions _____

Include the income of your spouse regardless of whether or not you are filing a joint petition.

Do not include non-cash government assistance such as food stamps or housing subsidies.

2021 Health and Human Services Poverty Guidelines

2021

Family Size	Yearly Income	Monthly Income	150% Yearly Income	150% Monthly Income
1	12,760	1,063.33	19,140	1,595.00
2	17,240	1,436.67	25,860	2,115.00
3	21,720	1,810.00	32,580	2,715.00
4	26,200	2,183.33	39,300	3,275.00
5	30,680	2,556.67	46,020	3,875.00
6	36,160	3,013.33	54,240	4,520.00
7	39,640	3,303.33	59,460	4,955.00
8	44,120	3,676.67	66,180	5,515.00

Each additional person	4,480	373.33	6,720	560.00
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Please attach one of the following items for each person as documentation of your household income.

Most recent tax return (1040 ez or first 2 pages of 1040 main form)

Official unemployment letters state provided

1099 form social security income

Letter from your attorney stating your gross monthly income and household size

Leaving and earning statement for active military

Without proof we will be unable to process your request for a waiver.

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

Signature(s) _____

Date _____