



Income Verification Form

Fees for MMC program and services, when applicable, will be waived or reduced based on hardship or ability to pay per the following classifications:

Classification	Program/Service Fee	For Office Use
Household income at or below poverty level	Waived	X
Household income at 150% of poverty level	Reduced	
Persons on Disability or Social Security	Reduced	

Size of Family Unit	Household Annual Income

Certification of Income

I/We _____ certify that the Size of Family Unit and Annual Income is true and verifiable.

I understand that I can request that the fee charged be waived or further reduced by Money Management Counselors due to other hardships.

Applicant Name

Date

Co-Applicant Name

Date

Money Management Counselors
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