

**MoneyRehab™ / .com Education, Inc.**

5316 8<sup>th</sup> Street  
Zephyrhills, FL 33542  
Phone: (813) 788-3369  
Fax: (813) 780-9188

**RE: FEE WAIVER REQUEST**

Please **check off** the reason you are requesting the fee waiver and attach the appropriate information.

- My household income falls within 15% of poverty level according to the table. I have attached mine and my spouse's:
  - Pay stubs to verify my income and
  - The first page of my 1040 from the previous year to show how many dependants are in my household.
  
- I am on welfare and have attached the letter of acceptance to this letter.

Please contact me if you have acceptance for the fee waiver at:

Username(s): \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,

Sincerely,

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

**INSTRUCTIONS:** Please mail or fax this application and allow 3 business days for response.