

## Personal Financial Management Course

Bankruptcy Case #: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax#: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Internet       Assisted Telephonic

*I am applying for a fee reduction or a fee waiver. My household income is below my state's poverty line. I understand that in order to receive this reduction/waiver that I am to submit a copy of my last year's taxes and my most recent pay stub to fax number 614-865-0684 or mail to Anzelc & Associates, Inc., 168 Dorchester Sq., Westerville, OH 43081.*

*I understand that this information will be kept confidential and under no circumstances will my information be shared with anyone outside of Anzelc & Associates, Inc. without my written consent.*

*I further understand that access to the course will be granted only after my taxes and pay stubs are submitted and my inability to pay is verified.*

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



ANZELC & ASSOCIATES, INC.  
*Financial Services for Everyone*