Fill in this in	formation to identif	y your case:	
Debtor 1			
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for the	e: District o	of
Case number (If known)			

Official Form 103B

Application to Have the Chapter 7 Filing Fee Waived

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

	known).	itacii a separate sileet to t	ans form. On the top of any a	uuitionai pages, t	write your name and case numb			
P	art 1: Tell the Court About Y	our Family and Your F	amily's Income					
1.	What is the size of your family? Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J).	Check all that apply: You Your spouse Your dependents						
			How many dependents?	Total number of	people			
2.	Fill in your family's average monthly income. Include your spouse's income if your spouse is living with you, even if your spouse is not filing. Do not include your spouse's income if you are separated and your spouse is not filing with you.	value (if known) of any non- that you receive, such as fo Supplemental Nutrition Ass subsidies.	spouse's income. Include the cash governmental assistance od stamps (benefits under the istance Program) or housing	You	· 			
	you opened to not thing that you	If you have already filled ou line 10 of that schedule.	t Schedule I: Your Income, see	rour spouse	\$			
		Subtract any non-cash governcluded above. Your family's average m	ernmental assistance that you nonthly net income	Subtotal	- \$ - \$			
3.	Do you receive non-cash governmental assistance?	☐ No ☐ Yes. Describe	Type of assistance					
			1					
1.	Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?	No Yes. Explain						
5.	Tell the court why you are unable to installments within 120 days. If you he circumstances that cause you to not be fee in installments, explain them.	ave some additional						

Del	btor 1	Middle Name	Last Nam	ne			Case number	(if known)		
P	Part 2: Tell the	e Court About Yo	our Mont	hly Expense:	S					
6.	reported on line 2.	aid by any governm	ent assista	•	\$					
7.	Do these expense who is not include as reported in line	ed in your family	☐ No☐ Yes.	Identify who						
8.	Does anyone other regularly pay any expenses? If you have already Schedule I: Your Intotal from line 11.	of these filled out	☐ No☐ Yes.	How much do	you regu	ılarly receive a	as contributions	s? \$ mont	hly	
9.	Do you expect yo monthly expenses decrease by more the next 6 months	s to increase or than 10% during	☐ No☐ Yes.	Explain						
Pa	art 3: Tell the	e Court About Yo	our Prope	erty						
If you have already filled out Schedule A/B: Property (Official Form 106A/B) attach copies to this application and go to Part 4.										
10	. How much cash d Examples: Money your wallet, in your hand when you file	you have in home, and on	Cash:		\$					
11	. Bank accounts ar of money?	d other deposits			Institut	tion name:			Amount:	
	Examples: Checkir money market, or o		Checking	account:					\$	
	accounts; certificat shares in banks, cr		Savings a	ccount:					\$	
	brokerage houses, similar institutions.		Other fina	ncial accounts:					\$	
	more than one acc same institution, lis include 401(k) and	ount with the t each. Do not	Other fina	ncial accounts:					\$	
12	. Your home? (if yo	u own it outright or								
	are purchasing it) Examples: House, condominium,		Number	Street				Current value:	\$	
	manufactured hom		City			State	ZIP Code	Amount you owe on mortgage and liens:	\$	
13	. Other real estate?	,						Current value:	*	
			Number	Street				Amount you owe	4	
			City			State	ZIP Code	on mortgage and liens:	\$	
14	. The vehicles you	own?	Make:							
		nples: Cars, vans, trucks,	Model:					Current value:	\$	
	sports utility vehicle tractors, boats	es, motorcycles,	Year:					Amount you owe	¢	
	נומטנטוס, טטמנס		Mileage					on liens:	\$	
			Make:							
			Model:					Current value:	\$	
			Year:					Amount you owe	¢	
			Mileage					on liens:	\$	

btor 1 First Name Middle Name	Last Nan	ne	Case r	number (if know	n)		
5. Other assets?	Describe	e the other assets:		· · ·		alua	e.
Do not include household items and clothing.				Ar	rrent vannt yn liens:	ou owe	\$ \$
Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery		es you the money or property?	\$	v much is o			pelieve you will likely rece in the next 180 days? Explain:
art 4: Answer These Additio	nal Ques	tions					
7. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?	☐ No☐ Yes.	Whom did you pay? Check all that a An attorney A bankruptcy petition preparer, pa Someone else	ıralegal,	• • •			How much did you pay
Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?	☐ No☐ Yes.	Whom do you expect to pay? Check ☐ An attorney ☐ A bankruptcy petition preparer, pa ☐ Someone else	ıralegal,	or typing se		_	How much do you expect to pay?
9. Has anyone paid someone on your behalf for services for this case?	☐ No☐ Yes.	Who was paid on your behalf? Check all that apply:		o paid? eck all that a	apply:		How much did someone else pay?
		 □ An attorney □ A bankruptcy petition preparer, paralegal, or typing service □ Someone else 		Parent Brother or s Friend Pastor or c Someone 6	ergy		\$
Have you filed for bankruptcy within the last 8 years?	☐ No☐ Yes.	District	Wher	n	C	Case numbe	ır
		District	Whei	n	(Case numbe	r
Part 5: Sign Below		District					ir
Sign Below By signing here under penalty of perchat the information I provided in this			ling fee	either in fu	ıll or i	n installm	ents. I also declare
c		×					
Signature of Debtor 1		Signature of Debtor 2		<u></u>			
Date		Date					

ill in this inf	formation to ide	entify the case:		
		Anny mo caso.		
Debtor 1	First Name	Middle Name	Last Name	
ebtor 2 spouse, if filing)	First Name	Middle Name	Last Name	
nited States B	sankruptcy Court fo	or the: District	et of	
ase number				
known)				
der c	on the A	opplication ^a	to Have th	ne Chapter 7 Filing Fee Waive
	ا د داد میشد	storio Amaliantina (Hove the Object	7 Filipp Foo Maired (Official Forms 400D) the const
	enng the det the applicatio		nave trie Criapter	7 Filing Fee Waived (Official Form 103B), the court
Granted				he fee in the future if developments in waiver was unwarranted.
	aummistem	ig the bankiuptcy ca	ase snow that the	waiver was unwairanted.
Denied.	The debtor	must pay the filing f	ee according to th	e following terms:
		You must pay	On or before this	s date
		\$	Month / day / yea	
			Month / day / yea	
		\$	Month / day / yea	r
			, ,	
		\$	Month / day / yea	r
	4	- \$		
		-	Month / day / yea	r
	Total			
	If the debto	or would like to propo	ose a different nav	ment timetable, the debtor must file a
				ebtor may use Application for Individuals to
	-	-	nts (Official Form	103A) for this purpose. The court will
	consider it.			
	The debtor	must pay the entire	filing fee before n	naking any more payments or transferring any
				preparer, or anyone else in connection with the
				entire filing fee to receive a discharge. If the
		s not make any payr s rights in future ban		e, the bankruptcy case may be dismissed and v be affected.
	1110 000101	y riginio in rataro bari	mapley cacce ma	y be allested.
Schedul	led for heari	ng.		
	A hearing to	o consider the debto	or's application will	be held
	on	at	AM / DM of	
	Month / d	at ay / year	AIVI / PIVI al	Address of courthouse
	If the debto	r does not appear at	t this hearing, the	court may deny the application.
			By the court:	

United States Bankruptcy Judge

Month / day / year