

United States Bankruptcy Court  
District of New Mexico

**Instructions for Filing an  
Application for Waiver of the Chapter 7 Filing Fee for  
Individuals Who Cannot Pay the Filing Fee in Full or in Installments**

If you cannot afford to pay the fee either in full at the time of filing or in installments, then you may request a waiver of the filing fee by completing this application (NM Form 510) and filing it with the Clerk of Court. In the District of New Mexico, you must use local NM Form 510 in lieu of official form B3B to apply for a waiver of the chapter 7 filing fee.

A judge will decide whether you have to pay the fee. By law, the judge may waive the fee only if your income is less than 150 percent of the official poverty line applicable to your family size for the applicable year and you are unable to pay the fee in installments. For a chart showing 150% of the official poverty line, go to

<http://www.uscourts.gov/bankruptcycourts/povertyguidelines.pdf>.

For more information about the poverty guidelines, visit the website of the United States Department of Health and Human Services at <http://aspe.hhs.gov/poverty/index.shtml>.

**Required information.** Complete all items in the application and attach requested schedules. Sign the application on the last page. If you and your spouse are filing a joint bankruptcy petition, each of you must provide information as requested and sign the application.

Use of NM Form 510 in lieu of Official Form B3B is required by Order of the Court.

**150% of the HHS Poverty Guidelines for 2007\***  
Monthly Basis

Persons in family unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$1,276.25	\$1,596.25	\$1,468.75
2	\$1,711.25	\$2,140.00	\$1,968.75
3	\$2,146.25	\$2,683.75	\$2,468.75
4	\$2,581.25	\$3,227.50	\$2,968.75
5	\$3,016.25	\$3,771.25	\$3,468.75
6	\$3,451.25	\$4,315.00	\$3,968.75
7	\$3,886.25	\$4,858.75	\$4,468.75
8	\$4,321.25	\$5,402.50	\$4,968.75
For each additional person add	\$435.00	\$543.75	\$500.00

\* As required by section 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Pub. L. 97-35 - reauthorized by Pub. L. 105-285, Section 201 (1988)).

**150% of the HHS Poverty Guidelines for 2007\***  
Annual Basis

Persons in family unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$15,315	\$19,155	\$17,625
2	\$20,535	\$25,680	\$23,625
3	\$25,755	\$32,205	\$29,625
4	\$30,975	\$38,730	\$35,625
5	\$36,195	\$45,255	\$41,625
6	\$41,415	\$51,780	\$47,625
7	\$46,635	\$58,305	\$53,625
8	\$51,855	\$64,830	\$59,625
For each additional person add	\$5,220	\$6,525	\$6,000

\* As required by section 673(2) of the Omnibus Budget Reconciliation Act of 1981 (Pub. L. 97-35 - reauthorized by Pub. L. 105-285, Section 201 (1988)).

United States Bankruptcy Court  
District of New Mexico

In re:

Debtor.

Case No. 7-

**Application for Waiver of the Chapter 7 Filing Fee  
for Individuals Who Cannot Pay the Filing Fee in Full or in Installments**

**Part A. Family Size and Income**

1. Including yourself, your spouse, and dependents you have listed or will list on **Schedule I, Current Income of Individual Debtors**, how many people are in your family? (Do not include your spouse if you are separated AND are not filing a joint petition.) \_\_\_\_\_
2. Restate the following information that you provided, or will provide, on **Line 16 of Schedule I**. Attach a completed copy of Schedule I, if it is available. \$ \_\_\_\_\_
3. State the monthly net income, if any, of dependents included in Question 1 above. Do not include any income already reported in Question 2. If none, enter \$ 0. \$ \_\_\_\_\_
4. Add the "Total combined monthly income" reported in Question 2 to your dependents' monthly net income from Question 3. \$ \_\_\_\_\_
5. Do you expect the amount in Question 4 to increase or decrease by more than 10% during the next 6 months? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Part B. Monthly Expenses**

6. EITHER (a) attach a completed copy of Schedule J, Current Expenditures of Individual Debtor, and state your total monthly expenses reported on Line 18 of that Schedule, OR (b) if you have not yet completed Schedule J, provide an estimate of your total monthly expenses.  
**Total monthly expenses from Schedule J or estimate:** \$ \_\_\_\_\_
7. Do you expect the amount in Question 6 to increase or decrease by more than 10% during the next 6 months? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Part C. Real and Personal Property** EITHER (1) attach completed copies of Schedules A (Real Property) and Schedule B (Personal Property) OR (2) if you have not yet completed those schedules, answer the following questions.

8. State the amount of cash you have on hand: \$ \_\_\_\_\_
9. State below any money you have in savings, checking, or other accounts in a bank or other financial institution.

<u>Name of Financial Institution</u>	<u>Type of account such as checking, savings, CD</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

10. State assets owned by you. **Do not list ordinary household furnishings and clothing.**

Address \_\_\_\_\_  
Home \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Amount owed on mortgages/liens: \$ \_\_\_\_\_

Address \_\_\_\_\_  
Other real estate \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Amount owed on mortgages/liens: \$ \_\_\_\_\_

Motor vehicle model/year: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_

Motor vehicle model/year: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_

Other (Describe): \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_

11. State below any person, business, organization, or governmental unit that owes you money and the amount that is owed.

<u>Name of Person, Business, or Organization that Owes You Money</u>	<u>Amount Owed:</u>
_____	\$ _____
_____	\$ _____

**Part D. Additional Information**

12. Have you paid an **attorney** any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes \_\_\_ No \_\_\_ If yes, how much have you paid? \$ \_\_\_\_\_

13. Have you promised to pay or do you anticipate paying an **attorney** in connection with your bankruptcy case? Yes \_\_\_ No \_\_\_ If yes, how much have you promised to pay or do you anticipate paying? \$ \_\_\_\_\_

14. Have you paid **anyone other than an attorney** (such as a bankruptcy petition preparer, paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes \_\_\_ No \_\_\_ If yes, how much have you paid? \$ \_\_\_\_\_

15. Have you promised to pay or do you anticipate paying **anyone other than an attorney** (such as a bankruptcy petition preparer, paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form, the bankruptcy

