



**Sliding Fee Discount Application**

Client Name:
Client ID #:

Name of Head of Household		Place of Employment		
Street Address	City	State	Zip	Phone

**Please list spouse and dependents under the age of 18.**

Self	Date of Birth
Spouse	Date of Birth
Dependent	Date of Birth
Dependent	Date of Birth

Dependent	Date of Birth
Dependent	Date of Birth
Dependent	Date of Birth
Dependent	Date of Birth

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, dependents and self-employment				
Social Security, Supplemental Security Inc, Retirement, Pension, Veteran's, Survivor benefits Unemployment compensation				
Interest, dividends, rents, royalties, trusts, alimony, estates, educational assistance, child support, other miscellaneous sources				
<b>Total Income</b>				

**Note: Copies of tax returns, pay stubs, or other information to verify income may be required for discount.**

**I certify that the family size and income information shown above is correct.**

Signature
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Date
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