## **Sliding Fee (Discount Eligibility)**



Your household income is updated:

Every 3 months if you're unemployed.

Every 6 months when providing last 3 pay stubs or W-2 forms. Every year when providing disability/Social Security information. Until April 15<sup>th</sup> of the next year when providing your tax return.

Income documentation must be provided for all working members of your household, regardless of relationship, including spouses, partners and children over 18 years old. Until we have this on record, you will be charged full fee.

Total number of persons in your household with whom you share expenses (include yourself and all dependents). \_\_\_\_

Employed? Legal Name M/F Y/N Date of Birth Social Security # Relationship 1. SELF 2. 3. 4. 5. List those household members who are employed: Name Employer Gross Monthly Income I am unemployed. I receive unemployment income. Y N \_ Amount of income received in past 3 months. \$\_\_\_\_\_ Are you still receiving this income? Y N I am homeless and have \$0 income. \*\*\*Please attach income verification\*\*\* Other monthly income. Write NA if the items do not apply: 

 Welfare
 \$\_\_\_\_\_\_

 Unemployment
 \$\_\_\_\_\_\_

 Veterans
 \$\_\_\_\_\_\_

 Self-employment
 \$\_\_\_\_\_\_

 Interest/Dividend Income
 \$\_\_\_\_\_\_\_

Social Security Workman's Com/Disability Alimony/Child Support Any Other Income Self-Declared No Income How are you receiving food and shelter? I attest that my household has no income. I understand that if I misrepresent my financial information, I may be prosecuted under applicable state and federal laws. By signing this form, I affirm that all information given is an accurate statement of income at this time of application. I agree to report any changes of circumstances.

Signature of Applicant

Date

**Current Address** 

Current Phone Number