Name _____

Client # _____ DOB _____

Income Verification for Sliding Fee Discount

Client Name: _____ Client Birth Date: _____
Last First Middle Month/Day/Year

☐ Check here if guarantor is same as client

Guarantor: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Are you employed? ☐ Yes ☐ No

Housing: ☐ own ☐ rent ☐ other - please explain: _____

Monthly Income (List source of monthly income BEFORE taxes and for all household members). If your income status has changed at the time of your next appointment, you are responsible to inform the front desk.

Income Source	Amount
Client Wages	
Spouse / Partner Wages	
Parent / Guardian Wages	
General Assistance - or AFS / AFDC / TANF / Cash Assistance / Food Stamps	
Worker's Comp. / Unemployment	
Housing Assistance (Amount HUD Pays)	
Education Grants / Loans	
Disability Income / Supplemental Security Income / SSI	
Income Pension/Veteran/Retirement	
Income Alimony / Child Support	
Income Dividend/Interest Invest.	
Other Source (explain)	
Total Monthly Income	
Total Annual Income (x 12 months)	$

How many people (in each age group) live on this income and in this home?

Age 0 – 5 _____ Age 6 – 17 _____ Age 18 – 64 _____ Age 65+ _____

I accept the above conditions and agree that information provided is true and correct to the best of my knowledge.

_____ _____
Signature Date

FOR OFFICE USE ONLY **DISCOUNT %** _____ **INITIALS:** _____ **TERM** _____ _____
Start Finish