Our Community Counseling

Sliding Fee Discount Program Application

Applicant Information

Full Name:

Date of Birth:

Phone Number:

Address:

Household Information

Total number of People in Household (Including Yourself):

List Each Member's Name, Age, and Relationship to You::

Household Income

(Report gross income for all household members. If there is no income, please put 0.)

Employment (Self):

Employment (Others):

Social Security:

Unemployment Benefits:

Child Support:

Other (Specify):

We will need proof of Income. Please check which you will be providing.:

- [ ] Recent pay stub
- [ ] Tax Return
- [ ] Employer Letter
- [ ] Other

Signature and Acknowledgement

I certify that the information provided is true and accurate. I understand that I may need to reapply annually or if my income or family size changes. By typing your name below, you acknowledge and agree that your typed name shall be considered equivalent to your physical signature for all purposes, including consent, approval, and agreement to the terms outlined. This electronic signature is legally binding and enforceable to the same extent as a handwritten signature.:

Date: