



FINANCIAL ASSISTANCE APPLICATION

NAME _____ SSN _____

DATE OF BIRTH _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ ZIP _____

EMPLOYER _____ PHONE NUMBER _____

FULLTIME _____ PART TIME _____ MONTHLY GROSS INCOME _____

SPOUSE:

NAME _____ SSN _____

DATE OF BIRTH _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ ZIP _____

EMPLOYER _____ PHONE NUMBER _____

FULLTIME _____ PART TIME _____ MONTHLY GROSS INCOME _____

DEPENDANTS:

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NOTES _____

I CERTIFY THAT THE HOUSEHOLD SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE INFORMATION I HAVE SUBMITTED IS DETERMINED TO BE FALSE, I MAY NO LONGER BE ELIGIBLE FOR THE SLIDING FEE DISCOUNT. SHOULD THIS OCCUR, I MAY BE RESPONSIBLE FOR ANY OUT OF POCKET EXPENSES.

