ALLIES IN CHANGE

SLIDING SCALE FEE APPLICATION

We are aware that people may struggle financially. While we receive no donations or public monies, we strive to do what we can to work with people by offering a reduced fee for our services to those in financial need. We do this with the presumption that as your financial position changes, for better or worse, you notify us so that we may modify your fee accordingly.

Client Information:

Name(s):_____ Date:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone (1):_____ Phone (2):_____

Occupation(s):_____ Hours/Week:_____ Hourly Rate/Salary: $_____

Earnings:

Last year's earnings: $_____Current monthly income: $_____ Household Income: $_____

Spouse's Income: $_____ Total in checking and savings account(s): $_____

Total Additional Income (i.e. stocks, child support, unemployment, parents, trust funds, spousal support, etc): $_____

Expenses:

Number of Dependants: _____ Rent / Mortgage: $_____ Car Payment(s): $_____

Additional expenses: _____

Comments:

_____

_____

Documentation:

Please submit the following documentation in addition to the information given above:

- *Proof of income(s) (i.e. pay stubs, bank statements)*
- *Last year's tax return(s)*
- *Documentation of Expenses*

This information is necessary to adequately determine your counseling payment rate, as well as consider your application for a reduced fee.

By signing this document I/we certify that this application and the accompanying information I/we have submitted is true and correct. Any willful deception or withholding of pertinent information will result in the permanent removal of my reduced fee privileges. Additionally, if my/our employment status or income changes, I/we are bound to report those changes to Allies in Change. I/we further understand that a reduced fee is a privilege and approval of my scholarship application does not *guarantee* any particular fee for any particular length of time.

Client Signature: _____ **Date:** _____

*Unless otherwise specified, the assigned counseling rate will retroactively apply to your account from the date the completed application was submitted.

For Office Use Only: Approved Rate: $_____   Approval Date (if applicable): _____

Authorizing Signature: _____ **Date:** _____

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