

VCSB Financial Assistance Form

Client Information			Today's Date:
First Name:	Middle:	Last:	Other names:
Client Number:			

Household Size		
Name	Date of Birth	Social Security Number

NOTE: To comply with federal regulations, in order to give you a discount on our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year or when your household changes.

Household Income				
Name	Amount	Frequency (Circle one)	Employer:	
You	\$	Weekly Monthly Yearly		
Spouse	\$	Weekly Monthly Yearly		
Other	\$	Weekly Monthly Yearly		
	\$	Weekly Monthly Yearly		
TOTAL	\$	Weekly Monthly Yearly		
Other Income	You	Spouse	Other	Subtotal
Social Security				
Trust				
Retirement Pension				
Interest Income				
Unemployment				
			TOTAL	\$

OFFICE USE BOX

Sliding Fee Scale:
 Minimum fee \$10.00
 A-80%
 B-70%
 C-60%
 D-50%
 E-40%
 F-30%
 G-20%
 H-10%

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform VCSB if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of VCSB. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Applicants/Responsible Party(s) Name (Print): _____

Applicants/Responsible Party(s) Signature: _____