

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Other			
TOTAL INCOME			

_____ (Please initial) I understand that if there are any changes in my financial situation, I must notify Branches of Growth, LLC immediately and provide updated income information. I understand that if I fail to provide updated information, I will be losing my sliding fee discount benefits.

_____ (Please initial) I understand that this application is good for up to one year. Certain circumstances may result in termination of benefit.

I certify that the information I have given regarding my present financial status and family composition is true and accurate, to the best of my knowledge. The coverage provided by the program has been explained to me.

Applicant/Head of Household Name (Please Print)

Applicant/Head of House Signature

OFFICE USE ONLY

Name: _____ Date Approved: _____

Approved Discount: _____ Approved by: _____

Verification Checklist:

- Identification/ Address: *Driver's License, utility bill, employment identification, or Other*
- Income: *Prior tax return, three most recent pay stubs, or Other*