



## APPLICATION FOR FINANCIAL AID DISCOUNT

Client Name \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

To comply with federal regulations, and in order to give you a discount on our therapeutic services, it is necessary for us to ask some personal questions to determine your eligibility and calculate your fee. Your answers will be kept on file and in strict confidence. If you have not done so already, please also complete and submit a Client Registration form with this application.

Until this completed application is received, processed and approved, you are responsible and agree to pay the full service fee for all services provided by Revision Christian Counseling, LLC at the time of service. You must reapply for financial aid and verify your income at least every year. Bring yearly income tax return, copy of your W-2 (s), last month's paycheck stubs, copies of social security checks, and/or other records of income you may receive as proof of household income. Attach a signed explanation for any extraordinary circumstances or additional information you would like us to consider in your application.

### HOUSEHOLD SIZE INFORMATION

Please list all members of client's current household, including self, and legal dependents.

| NAME | AGE | RELATION TO CLIENT |
|------|-----|--------------------|
|      |     |                    |
|      |     |                    |
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|      |     |                    |
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|      |     |                    |
|      |     |                    |

### HOUSEHOLD FINANCIAL INFORMATION

Please provide the following information for yourself and all adult household members with any sources of employment, other income and assets.

| MEMBER       | EMPLOYER | GROSS ANNUAL INCOME |
|--------------|----------|---------------------|
|              |          | \$                  |
|              |          | \$                  |
|              |          | \$                  |
|              |          | \$                  |
|              |          | \$                  |
|              |          | \$                  |
| <b>TOTAL</b> |          | \$                  |

| OTHER INCOME SOURCES          | WHO RECEIVES THIS? | GROSS ANNUAL INCOME |
|-------------------------------|--------------------|---------------------|
| Social Security               |                    | \$                  |
| Public Assistance/Food Stamps |                    | \$                  |
| Retirement Pension            |                    | \$                  |
| Child Support/ Alimony        |                    | \$                  |
| Loans                         |                    | \$                  |
| Other: _____                  |                    | \$                  |
| <b>TOTAL</b>                  |                    | \$                  |

| ASSETS                             | CURRENT AMOUNT OWED | CURRENT MARKET VALUE |
|------------------------------------|---------------------|----------------------|
| Cash (on hand and in banks/unions) | n/a                 | \$                   |
| Stocks and/or Bonds                | n/a                 | \$                   |
| Real Estate: Primary House         | \$                  | \$                   |
| Real Estate: Other _____           | \$                  | \$                   |
| Automobile: _____                  | \$                  | \$                   |
| Automobile: _____                  | \$                  | \$                   |
| Automobile: _____                  | \$                  | \$                   |
| Other: _____                       | \$                  | \$                   |

**SUPPORTING DOCUMENTS**

I agree to attach supporting documents for all the above income sources, in addition to:

- A copy of my most recent tax return (1040 and all schedules)**
- A copy of the most recent paycheck stub for all contributing household members**

**ATTESTATION**

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 financial aid and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform my therapist if there is a significant change in my income. I hereby acknowledge that I read the foregoing disclosure and understand it.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian or Partner Signature**

\_\_\_\_\_  
**Date**