

ASPIRE TOTAL LIFE COUNSELING (TLC)
APPLICATION FOR SLIDING-SCALE PRICING

(Complete ONLY if applicable - Please Print)

Today's date:		Office Use Only _____	
RESPONSIBLE PARTY INFORMATION			
Responsible Party's legal last name:		First:	Middle:
Client last name (if different):	First:	Middle:	Your birth date: / / Social Security Number: - -
Street address:			Home or Cell phone no.: ()
P.O. box:	City:	State:	ZIP Code:
Occupation:	Employer:	Work phone no.: ()	
I am requesting sliding-scale pricing based on my household income of:			
<input type="checkbox"/> SNAP/TANF Recipient <input type="checkbox"/> Under \$30k annually <input type="checkbox"/> \$30k - \$40k annually <input type="checkbox"/> \$40k - \$50k annually <input type="checkbox"/> Over \$50k annually			

FINANCIAL VERIFICATION			
I am submitting (or will submit within 7 business days) ONE of the following items for verification of income:			
<input type="checkbox"/> Copy of most recent paycheck stub <input type="checkbox"/> Copy of most recent State or Federal tax return <input type="checkbox"/> Copy of 3 months' bank statements <input type="checkbox"/> Verification of Income letter from my employer <input type="checkbox"/> SNAP/TANF benefit letter or ID <input type="checkbox"/> Other (describe):			
Reference #1 – Local friend, professional associate, or nearest relative (not living at the same address):	Relationship:	Years known:	Phone no.: ()
Reference #1 – Local friend, professional associate, or nearest relative (not living at the same address):	Relationship:	Years known:	Phone no.: ()
<p>The above information is true to the best of my knowledge. I agree to notify TLC of any permanent change in financial circumstances that will affect my qualifications for sliding-scale pricing within 2 calendar months of said change. I understand that I am financially responsible for payments at the time services are rendered unless otherwise agreed upon in writing. If I am invoiced at the beginning of the month for prior-month services, I will pay said invoice by the end of the calendar month or be liable for the full (non-sliding-scale) amount for that session. I further agree that the information I provide on this form may be used by TLC or its affiliates in any collection efforts that may result from delinquency of payment. Any returned or NSF checks are subject to a \$30 service charge. I agree that I will be financially responsible for payment if TLC is not provided at least 24 business hours' notice of cancellation of any scheduled appointment.</p>			
_____		_____	
<i>Responsible Party signature</i>		<i>Date</i>	