



**Annual Household Income**

Please list all sources of income for each household member.

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

**Total Annual Household Income:** \$ \_\_\_\_\_

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**Required Documentation**

Please attach copies of the following:

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

I certify that the family size and income information shown above is correct. I understand that any false statements or misstatements of material fact could result in disqualification for financial assistance.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Program Note**

Sliding fee discounts apply to **Saginaw Psychological Services, Inc. charges**. They **do not apply** toward other services purchased from outside Saginaw Psychological Services, including, but not limited to, laboratory testing, medication, and other such services.

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**Office Use Only**

<b>Client Name:</b> _____	<b>Date Submitted:</b> ____ / ____ / ____
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- Qualifies for SFD – Discount: \_\_\_\_\_  
 Does not Qualify for SFD

Approved / Denied by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Verification Checklist**

Item	Yes	No
Identification / Address (Driver's license, utility bill, employment ID, or other)	<input type="checkbox"/>	<input type="checkbox"/>
Income (Prior year tax return, three most recent pay stubs, or other)	<input type="checkbox"/>	<input type="checkbox"/>