



**Casa Community Services
Discounted/Sliding Fee Application**

Name: _____

Address: _____

Phone: _____ Email: _____

List all members/ages in your household:

Income: Provide current verification of all sources of income:

Wages/Salaries: \$ _____ Social Security: \$ _____

Unemployment: \$ _____ Pensions: \$ _____

Worker's Comp: \$ _____ VA/GI Benefits: \$ _____

Alimony: \$ _____ Child Support: \$ _____

Public Assistance: \$ _____ SSI/Disability: \$ _____

Any other Source(s) of income: \$ _____

\$ _____

Please attach a copy of the first two pages of your most recent tax return. If no tax return was filed, attach verification of income and most recent bank statement.

I certify by my signature that the above information is true, correct and complete.

Signed: _____ Date: _____