

FirstStep Foundation

APPLICATION for DISCOUNT ELIGIBILITY

Submit completed application with copy of most recent tax return, payroll check stubs, bank statements or employer signed documentation of income.

Name SS# (Street) (City) (State) (Zip) (Phone)

Referred by Church Affiliation, if applicable Employer/Source of Income *Income \$ month Address Phone Marital Status: Married Single Widowed Divorced Co-habiting

Spouse/Significant Other SS# Employer/Source of Income *Income \$ month

Other Person Contributing to Household Income Address Phone Employer/Source of Income *Income \$ month

Other Person Contributing to Household Income Address Phone Employer/Source of Income *Income \$ month

DEPENDENTS: Total Number in Household Including Self

Table with 4 columns: Name, Birthdate, Name, Birthdate

FINANCIAL INFORMATION

(Total of *amounts provided above)

Gross Income \$ month

Monthly Expenses

- Housing/Rent
Electric/Gas
Water
Telephone
Car (payment, gas, insurance)
Health insurance
Food/groceries
Loans
Credit Cards
Child Support
Alimony Payments
Child Care Expense
Medical/Dental Expenses (not covered by insurance)
Legal Fees (bankruptcy, child custody, divorce)
Other

Total Identified Expenses \$ month

I certify that the above information is, to the best of my knowledge, an accurate statement of my income and identified expenses. Any misrepresentation of the truth will cancel any agreement based on this information and I will be responsible for the total fees for services provided.

Signature Date

Witness Date