

ACTS Staff Initials:

Date:

Azimuth Counseling and Therapeutic Services, Inc.
Application for Reduced Fee

NAME _____ DATE _____

OCCUPATION _____ EMPLOYER _____

NUMBER OF HOURS WORKED PER WEEK _____

INCOME:

Did you file a tax return for the most recent year? Yes ___ No ___

If no please explain: _____

Please enter **Adjusted Gross Income** of most recent tax return: \$ _____ year _____
(Line #31 of Form 1040, line # 16 of Form 1040A, line #4 of Form 1040EZ)

Has your employment changed since your last tax return? If yes, explain

Has your income changed since your last tax return? If yes, explain

Is your income from sources other than or in addition to wages or salaries \$ _____

Average monthly wages \$ _____

Other \$ _____

Monthly Total \$ _____

Please attach a copy of paycheck stub and/ or other income information to this application

For office use only:
Client Code _____
Waiver Code _____