

Name \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Total annual income is \$ \_\_\_\_\_ Number of dependents (Including Self) \_\_\_\_\_

**Please check which financial documents you are providing:**

\_\_\_ Pay Stub \_\_\_\_\_ Letter of Unemployment/Check Stub

\_\_\_ Tax Form \_\_\_\_\_ Letter of Employment

\_\_\_ Bank Statement \_\_\_\_\_ Other (please explain): \_\_\_\_\_

**If you are unable to provide documentation, check all that apply:**

\_\_\_ I do not have documentation today.

\_\_\_ I get paid in cash

\_\_\_ I do not get paychecks or pay stubs

\_\_\_ I do not earn income

\_\_\_ Other reason: \_\_\_\_\_

**\*\*\* If your annual income does not match your documents, please explain why:**

\_\_\_ I am employed for only part of the year (please explain): \_\_\_\_\_

\_\_\_ My income changes from month to month (please explain): \_\_\_\_\_

\_\_\_ Other reason (please explain): \_\_\_\_\_

I certify that I have provided all of my income information and that all of the above information is true and correct. I understand that this information is required to fulfill grant reporting purposes and will be used to determine eligibility for the Income Based Sliding Fee Scale at Callen-Lorde if I am uninsured. I also understand that if I have intentionally misrepresented my income, I will be asked to repay any discounts I have been given, and may lose my eligibility for discounts in the future. I understand that false information may also lead to discharge from Callen-Lorde.

You may need to meet with an Insurance Navigator to determine eligibility before receiving a discount for some services.

**I decline to provide my income information.** I understand that this decision may \_\_\_\_\_  
affect my ability to receive sliding scale discounts for services I receive. (Initial)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*To apply this income to previous service dates, the effective date is:* \_\_\_\_\_