



Application for Sliding Scale Fee

Submit with proof of income such as:

- recent paycheck stub
- first page of most recent tax return

Send to Centering Therapy by email centeringtherapy@gmail.com

Questions? Contact the Main Office at 571-556-7195 or centeringtherapy@gmail.com

***Personal Information**

Name: _____

Date: _____

Full-time Work Part-time Work. Hours per wk: _____

Employer: _____

Full-time Student Part-time Student Not Employed

School: _____

New RCS Client Current/Former client, counselor: _____

I have church (or an organization) sponsorship

***Spouse & Family (mark with N/A if not applicable):**

Name: _____ Occupation/Status: _____

Employer: _____

Number of Dependents in family: _____

Names and Ages: _____

Annual Income

*Please enter **Adjusted Gross Income** (pre-tax) of most recent tax return: \$ _____ Year _____

Single Return Joint Return

*Has your employment changed since your last tax return? Yes No

If yes, explain: _____

*Has your household/family income changed since your last tax return? Yes No

If yes, explain: _____

***Current Monthly Income: Personal & Spouse Income**

Gross monthly wages or salaries (pre-tax) personal income (include severance pay): \$ _____ monthly

Gross monthly wages or salaries (pre-tax) from spouse: \$ _____ monthly

Monthly income, other sources (unemployment, rental property, SSI, SSDI, stocks, bonds, trust fund): \$ _____ monthly

Gross Monthly Family/Household Total: \$ _____ monthly

***Savings & Assets (Not including real-estate or retirements funds)**

Do you have a savings account, stocks (matured/vested), bonds, mutual funds or a trust fund? Yes No

If so, what is the value: below \$50,000 \$50,000 - \$199,999 \$200,000 - \$499,999 \$500,000+

Comments & Additional Information

Is there any additional information you would like us to consider? _____

*Signed _____

*Date _____