

BENEFIT FEE APPLICATION

To apply for a reduced (benefit LLC) fee for your family, complete the form below, sign your name and return it to the address listed below with your application fee of \$35. Call MCES (484.896.9161) if you need help.

PART I. LIST ALL HOUSEHOLD MEMBERS & GROSS WEEKLY INCOME

Last, First, Middle Initial	Employment \$	Welfare, Child Support, Alimony \$	Pension, Retirement, SS, SSI, VA \$	Other Income \$	Receive: HAP, SNAP, CHIP, TANF, Food Stamps, WIC, F/R Lunch (please specify)
<i>Example, Sue S</i>	<i>\$200/wk</i>	<i>n/a</i>	<i>n/a</i>	<i>\$50/wk</i>	<i>SNAP</i>

If Other Income (ex: unemployment compensation, side gig, please specify):

If your child is receiving F/R Lunch at school, please specify the name/location of school(s):

Filling out this application does not guarantee qualification. However, your family cannot qualify without this application completed. You must include all individuals living in your household, related or not who share income and expenses. You must include yourself and all children living with you (full or part-time). If your income varies (i.e. seasonal or month to month), enter the weekly amount that you receive on average. Each family household must apply for the reduced benefit fee.

PART II. SIGNATURE AND ATTESTATION

The adult household member must sign the application. *By signing below, I certify (promise) that all information on this application is true and that all income is reported. I understand that MCES may certify and verify all information provided. I understand that if I provide false information, I may be required to pay the additional MCES fees.*

Print Name: _____ Date: _____

Signature: _____ Phone #: _____

Email: _____ SS: XX-XX: _____

Mailing Address: _____

OFFICE USE: Fee Paid: Eligible: Y N