

# HELPING CHILDREN COPE WITH DIVORCE PROGRAM

## APPLICATION FOR REDUCED FEE

THIS INFORMATION IS USED TO DETERMINE QUALIFICATION FOR REDUCED FEE ONLY AND IS NOT KEPT CONFIDENTIAL.

APPLICANT'S NAME \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Type of Work \_\_\_\_\_

DO ANY OTHER ADULTS LIVE WITH YOU IN YOUR HOME? No  Yes

Does this person contribute funds to pay towards the household expenses? No  Yes

If YES, please complete the following information:

\$\_\_\_\_\_ Amount per month this person contributes to pay household expenses.

Your Income	Previous 12 Month Income
Gross income from wages	
Business income less expenses	
Unemployment income	
Child support, spousal support, alimony received	
Welfare or public assistance aid	
Other income *	
<b>TOTAL</b>	

\*including any lottery winnings, gifts of cash, disability insurance, Social Security, retirement income, dividend income

Do you have any savings accounts, certificates of deposit, money market accounts, stocks or bonds? (These funds may be taken into account in determining your eligibility for subsidy.) No  Yes

If YES, please state current value of (non- retirement) accounts and/or investments: \$ \_\_\_\_\_

By signing this application, UNDER PENALTY OF PERJURY, I affirm that this is a true representation of my income, assets, and financial status as of this date, I understand this information may be made available upon request to the State of Vermont.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The above individual personally appeared before me and made oath to the truth of the above matters.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Applicant qualifies for fee of \$30.00     Applicant qualifies for fee of \$15.00

Applicant does not qualify for reduced fee, \$75.00 fee required

**Fees must be paid before you will be considered registered for the course and prior to attendance.**