



Sliding Fee Discount Program Self-Attestation

Please choose one of the following:

I, _____, confirm that I have a monthly gross (before taxes and deductions) income of \$_____, but I am unable to provide proof.

OR

I, _____, confirm that neither I nor any other member of my household currently receives income.

I have been able to meet my basic living needs (shelter, food, utilities) with the following methods (describe below):

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that if I knowingly give false information that results in assistance for which I am not eligible, I may lose the ability to participate in the Sliding Fee Discount Program. I give my consent to release any and all information from whatever source needed to substantiate the information I have given.

Signed: _____ Date: _____