

GEORGE MASON UNIVERSITY CENTER FOR PSYCHOLOGICAL SERVICES

APPLICATION FOR REDUCED FEE

Client's Name: _____

Client's Phone (cell): _____ (home): _____

Client's Address: _____

Client's Email: _____

Client's Date of Birth: _____

Parent/Guardian(s) Name(s) if Applicable: _____

Household Information:

of individuals in the household: _____ # of dependent children in the household: _____

Client is claimed as a dependent on another person(s)'s tax returns (uqgey { gu'qt'pq):

Please note: If the client is claimed as a dependent on another person(s)'s tax returns, the income reported must be that of the person(s) claiming the client as a dependent.

Gross Annual Household Income: _____

(Include all sources of household income, such as, salary, retirement, SSI, SSDI, etc)

Acceptable documents include: 1st two pages of your most recent income tax return, proof of qualification for free/reduced school lunch, or SSI payment statements if you are on disability. If you are unsure of what document to include, or have concerns about the documents we typically request, please feel free to contact us at (703) 993-1370.

In the space below, please provide any additional information or explain any extenuating circumstances you believe we should consider when determining your fee:

[Empty box for providing additional information]

I affirm that all information on this form is true and complete to the best of my knowledge.

Client or Parent/Guardian

Date