

Sliding Scale Application

Complete only if applying for sliding scale discount. All information is confidential.

Monthly income

Net income from work (after taxes) \$ _____
Public assistance checks (SDI, Welfare, etc.) \$ _____
Unemployment compensation \$ _____
Any other income (such as a second job) \$ _____
TOTAL NET INCOME \$ _____

Household size

Please indicate the number of people supported by this income:

Adults _____ # Children _____

Income verification

Community Music Center (CMC) requires written verification of your monthly income such as pay stubs, income tax return or AFDC form. We also require written verification of extraordinary expenses such as a bill, receipt or check stub. If you do not have this information when you register, the regular fee will be charged. You must bring in verification no later than the second week's lesson and your fee will be adjusted accordingly.

If you have an extraordinary monthly expense (i.e. medical/dental costs), please make an appointment with the Registrars to discuss this matter at a later date.

Information which I have provided above is accurate and complete. I agree to notify CMC if there is any change in my income or expenses which would affect my eligibility for the sliding scale discount.

Signature of parent/guardian or adult student:

For office use only

Qualified net income \$ _____
Qualified extraordinary expense \$ _____
Qualified income for use with sliding scale \$ _____

Date received _____ Registrar Initials _____ Household ID# _____