

Achievement Inspired

Counseling and Hypnosis

PO Box 5794
Longview, TX 75608
903-759-2947

2924 Knight St. Suite 435
Shreveport, LA, 71115
318-588-8896

INCOME VERIFICATION FORM

Name: _____ Date: _____

Home Phone Number: _____ Cell Phone Number: _____

We desire to assist you with the Help of the Lord, the Word of God, our Professional Training and Life Experiences. We also want to make our services available to everyone possible. To help keep this ministry growing, and for you and others to receive the best of care, we offer our counseling services on a fee basis. We offer a reduced rate based on financial resources for our Christian Counseling clients. Some special circumstances may exist if income below following scale. Reduced rate sessions are offered only by availability and limited time slots as will be provided to the applicant.

To determine qualification for a reduced rate complete this form and deliver to our office either by mail, hand deliver or email. After review you will be provided an individual discount code that can be used to book your session on line, or provide to our office for phone or personal booking.

Regular session is approximately 60 minutes. Standard cancellation policy does apply. Payments for sessions will still need to be either made in advance if via cash or check, or with credit/debit card on file.

Annual Income	Per-Session	Package of 6 Session
Less than \$50K	\$65.00	\$332.00
\$51K to \$100K	\$125.00	\$635.00
\$101K and over	\$150.00	\$765.00

If applicable, please provide documentation that substantiates your income. Please write "0" if the income/resource or expense is \$0. **Do not leave any blank.**

Monthly Income/Resources	Applicant	Spouse / Parent (Parent figures if Dependent)
Income from Work		
Unemployment		
Disability		
Child Support Received		
Social Security Benefits		
Public Assistance/Subsidized Housing Income		
Veteran's Benefits (non-educational)		
Cash/Non Cash given to you by others		
Other:		
Total:		

Monthly Expenses	Applicant	Spouse / Parent (Parent only if Dependent)	How Expenses Were Paid (Self, Parent, Friend, Other)
Personal items, clothing, grooming, etc.			
Utilities (electric, water, sewer, etc.)			
Cell Phone/Cable/Internet			
Child Support Paid			
Alimony Paid			
Medical/Dental/Vision Expenses and/or Insurance			
Other:			

I certify that all of the information reported on this worksheet is complete and correct. Applicant must sign this worksheet.

Applicant Signature _____ **Sign Date:** _____

Parent Signature (dependent's only) _____ **Date:** _____