



SELF-DECLARATION FORM – COUNSELLING FEES

Please complete this form to be considered for alternate counselling fee options. Please check the box that applies to your circumstance and sign the bottom of the page.

I declare that my household income is below \$55,000 annually. (\$35 per session)

I declare that I am currently residing at the Interval House (Fees will be waived).

Please sign or type your full name below. By providing your typed name, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

I acknowledge that the information I have given is accurate and complete.

Name	Signature	Date
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Witnessed by:

Name	Signature	Date
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