

## **Rate Reduction Application**

Name:\_\_\_\_\_\_ Email:\_\_\_\_\_ Location (SITE):\_\_\_\_\_

	elow for each person in your household vicial Security, SSI, VA pension, workers con yment. Income amounts must be report	mpensation, child support,	lump sum payments, or
Name	Employer or Income Source	Gross Amount	Weekly/Monthly?
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	Household N		
Name	Household N  Birthda		tionship to Enrolled Child
Name			tionship to Enrolled Child
Name			tionship to Enrolled Child