

**MARY SKY Sliding Scale Residency Fee Qualification Form**

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Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

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Mailing Address (if different from above): \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Marital Status:

Single / In a relationship / Married / Divorced / Separated / Widowed

Total Number of Adults Living in the Household: \_\_\_\_\_

Total Number of Children Living in the Household (under 18 years): \_\_\_\_\_

Annual Total Household Income from all sources (in USD):

0-5k / over 5k-10k / over 10k-25k / over 25k-40k / over 40k-55k / over 55k-70k / over 70k

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*I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief.*

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_