



2 Stone Harbor Blvd., Cape May Courthouse, NJ 08210

Application for Discount

Account #: _____ Date of Service: ___/___/___

Applicant: _____ Date of Birth ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Family Members: Please provide ID.

Name	Date of Birth	Relationship
1. _____	___/___/___	_____
2. _____	___/___/___	_____
3. _____	___/___/___	_____
4. _____	___/___/___	_____
5. _____	___/___/___	_____
6. _____	___/___/___	_____

Household Income: Please provide **documentation** of **all** income in the household from **all** sources.

Source	Amount	Frequency
Wages before deductions	\$ _____	_____
Public Assistance	\$ _____	_____
Social Security Benefits	\$ _____	_____
Unemployment & Worker's Comp	\$ _____	_____
Strike Benefits from Union funds	\$ _____	_____
Veteran's Benefits	\$ _____	_____
Alimony	\$ _____	_____
Child Support	\$ _____	_____
Military Allotment Funds	\$ _____	_____
Support from a family member	\$ _____	_____
Pension Payments	\$ _____	_____
Insurance and Annuity payments	\$ _____	_____
Income from Estates and Trusts	\$ _____	_____
Dividends	\$ _____	_____
Interest Income	\$ _____	_____
Rental Income	\$ _____	_____
Other	\$ _____	_____

Signature: _____

Date: ___/___/___